BC **Forest Safety** Council

Unsafe is Unacceptable

SAFEty Log

FOR THE INDIVIDUAL OWNER OPERATOR

(1 on-site forestry worker and that is you)

How to Use the SAFEty Log

This SAFEty Log is your 'in the truck/machine/pick-up' safety business centre. The SAFEty Log has 7 sections:

1. User Information
    - Front and center – important information in case of emergencies.

2. My Emergency Response Plan (ERP)
    - Includes ERP, types of emergencies and plans, dispatch information for hospital/ambulance, and travel plan.

3. My Work
    - Includes certification log, safe work procedures, daily work activity forms, pre-work planning log and equipment maintenance log.

4. Forest Safety Accord
    - Includes the sector's commitment to worker health and safety.

5. My Safety Meeting and Communications
    - Includes safety meeting log, safety alert log, and injury report forms (form 6/7), incident and close call report forms, road conditions report.

6. My Notes
    - Includes corrective action log and notebook.

7. My SAFE Audit Submission
    - Includes step by step instruction on how to become SAFE certified.

By using the SAFEty Log as your safety business log, it allows you to track and verify your safety activities required to become a SAFE certified company. If you have your own safe work procedures or other safety products that you have developed or have received from another party and wish to use them, PLEASE do so. In the spare tabs at the back, you may want to add other important information like EMS documents, radio calling procedures, safe work procedures, orientation documents etc.

Being SAFE certified lets everyone in the sector know you are committed to workers returning home safely after every shift.

If you have any questions, please call 1.877.741.1060 or 1.888.632.0211.

User Information

Provide a copy to each contractor you do work for

Property of:

IOO's name	
Company name	
Primary type of business	
Address	
Home phone	
Business phone	
Cell / satellite phone	
Other	

Emergency Contact: #1

Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Emergency Contact: #2

Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Important Medical Information

Medications	
Known medical conditions	
Other information	

User Information

Provide a copy to each contractor you do work for

Property of:

IOO's name	
Company name	
Primary type of business	
Address	
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Cell / satellite phone	
Other	

Emergency Contact: #1

Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Emergency Contact: #2

Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Important Medical Information

Medications	
Known medical conditions	
Other information	

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Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Emergency Contact: #2

Name of emergency contact	
Relation to you	
Address	
Phone numbers	1.
	2.

Important Medical Information

Medications	
Known medical conditions	
Other information	

☑ Audit Submission

Emergency Response Plan (ERP)

OPERATING LOCATION:_____

Important Contact Information

Name	Main #	Local/Regional #
Emergency* * coverage limited in some areas	911	
Ambulance		
Emergency Services		
Air Evacuation		
Search and Rescue		
RCMP		
24 Hour Spill Reporting (PEP)	1.800.663.3456	
Ministry of Forest (BC)	1.800.663.7867	
WorkSafeBC	1.877.922.4357	
BC Poison Control	1.800.567.8911	
Canadian Coast Guard	1.800.567.5111	
Initial Fire Reporting	1.800.663.5555	

Fill in the local # for the area you will be working and confirm

Contractor	Contact #

With every new contractor you work for, enter contact info.

ERP equipment required:

- ☐ Working radio/cell phone
- ☐ Personal first aid kit or level 1 first aid kit
- ☐ PPE (Personal Protective Equipment)
- ☐ Whistle
- ☐ Fire extinguisher and shovel
- ☐ Additional emergency supplies (matches, blanket, rations, water)

Working by yourself:

- ☐ Someone knows your geographical location and description and work plans, expected time of return, and can initiate a rescue (map of location and ERP procedure) – can use Travel Plan
- ☐ Man-check interval time agreed upon time
- ☐ Emergency transportation location (helicopter landing, boat access)

Working with others:

- ☐ Make sure you get the ERP from your contractor for the worksite
- ☐ Confirm who is the prime contractor

Types of Emergencies and Plans

GENERAL
Contact the contractor to provide the following information:

- type of emergency
- geographical location and description
- approximate distance and direction from major centre
- time
- estimate of severity
- what is happening

EQUIPMENT FIRE
Immediately shut off power using emergency shut off buttons. Have everyone clear the area. If possible, eliminate fuel supply. If possible, attempt to extinguish fire. Contact your employer.

FOREST FIRES
Report to your contractor and contain if possible. Notify all personnel in block. Access tools from fire cache. Report to Ministry of Forests Fire Centre 1-800-663-5555 (24 hrs).

MEDICAL AID (injuries and fatalities)
Contact your contractors and/or designated first aid person. The designated first aid person will decide on method of evacuation. Complete the dispatch information for hospital (found in Important Contact Information) before contacting the helicopter company or hospital.

VEHICLE INCIDENT
If incident involves loading or unloading equipment, shut off equipment. Fill out the incident report form. If applicable, record other party's name, address, phone number and the vehicle's plate number, make, colour and year. Record names, addresses and phone numbers of any witnesses. Take pictures if possible.

ENVIRONMENTAL (spills, landslides, floods, etc)
Prevent further damage if possible. Follow general response procedures.

☑ Audit Submission

Emergency Response Plan (ERP)

OPERATING LOCATION:_____

Important Contact Information

Name	Main #	Local/Regional #
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Ambulance		
Emergency Services		
Air Evacuation		
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- ☐ Personal first aid kit or level 1 first aid kit
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- ☐ Whistle
- ☐ Fire extinguisher and shovel
- ☐ Additional emergency supplies (matches, blanket, rations, water)

Working by yourself:

- ☐ Someone knows your geographical location and description and work plans, expected time of return, and can initiate a rescue (map of location and ERP procedure) – can use Travel Plan
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ENVIRONMENTAL (spills, landslides, floods, etc)
Prevent further damage if possible. Follow general response procedures.

Dispatch information for hospital/air ambulance

You will need to be able to answer the following questions when calling for emergency assistance.

Who is calling?			
Contact phone number			
Contact frequency/name			
Latitude:		Longitude:	
Geographic description and location			
Destination(medical facility/hospital)			
Number of persons injured?			
Age:	Sex:	Approx. weight _____lbs	
Nature of injury:			
Position of patient (lying, sitting, standing)			
Breathing problems?		yes	no
Is the patient unconscious?		yes	no
Is there uncontrolled bleeding?		yes	no
Is stretcher required?		yes	no
Is First Aid Attendant on site?		yes	no

☑ Audit Submission

Travel Plan

Leave the following information with _____ (check-in person) for each out of town trip where you are not returning home that day.

From (home):	**To:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	**To 2nd destination:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	**To (home) destination:**
Date	
Estimated time of arrival	
Travel route:	

- Leave cell/sat phone # (____)_____-_____) on at all times
- Check for messages when in cell phone service range
- Call and leave message at phone #(____)_____-_____) (check in person at top of page) if delayed for any reason
- Call and leave message at (____)_____-_____) if travel route changes
- Vehicle information: year_____ make_____ model_____ color_____ licence plate #_____
- BC drivers licence # _____

IN THE EVENT OF LATE CHECK IN:

_____

_____

IN THE EVENT OF LATE CHECK IN:

☑ Audit Submission

Travel Plan

Leave the following information with _____ (check-in person) for each out of town trip where you are not returning home that day.

From (home):	**To:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	**To 2nd destination:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	**To (home) destination:**
Date	
Estimated time of arrival	
Travel route:	

- Leave cell/sat phone # (____)_____-_____) on at all times
- Check for messages when in cell phone service range
- Call and leave message at phone #(____)_____-_____) (check in person at top of page) if delayed for any reason
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Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	**To 2nd destination:**
Date	
Estimated time of arrival	
Destination hotel with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	**To (home) destination:**
Date	
Estimated time of arrival	
Travel route:	

- Leave cell/sat phone # (____)_____-_____) on at all times
- Check for messages when in cell phone service range
- Call and leave message at phone #(____)_____-_____) (check in person at top of page) if delayed for any reason
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_____

_____

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Travel Plan

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From (home):	**To:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	**To 2nd destination:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	**To (home) destination:**
Date	
Estimated time of arrival	
Travel route:	

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- Call and leave message at (____)_____-_____) if travel route changes
- Vehicle information: year_____ make_____ model_____ color_____ licence plate #_____
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IN THE EVENT OF LATE CHECK IN:

_____

_____

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Travel Plan

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From (home):	**To:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	**To 2nd destination:**
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	**To (home) destination:**
Date	
Estimated time of arrival	
Travel route:	

- Leave cell/sat phone # (____)_____-_____) on at all times
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- Call and leave message at (____)_____-_____) if travel route changes
- Vehicle information: year_____ make_____ model_____ color_____ licence plate #_____
- BC drivers licence # _____

IN THE EVENT OF LATE CHECK IN:

_____

_____

IN THE EVENT OF LATE CHECK IN:

☑ Audit Submission

Training and Certification Log

Your certification(s) confirm that you have completed the necessary training to perform your job.

**Keep a copy of your certificates in this log.*

Insert copy of your certificates behind this page

It is important that you keep track of when your certifications are up for renewal.

Certificate Type	Certificate #	Expiry Date	Copy Attached ✓
Driver's licence		___/___/20__	
First aid (Level___) Transportation endorsement		___/___/20__	
WHMIS (Workplace Hazardous Materials Information System)		___/___/20__	
S100 (Fire Suppression and Safety training)		___/___/20__	
S100 – A (Refresher)		___/___/20__	
Faller certification		___/___/20__	
Forest Professional RPF (Registered Professional Forester) RFT (Registered Forest Technologist)		___/___/20__	
Air brake endorsement Highway or Industrial		___/___/20__	
Blasting ticket		___/___/20__	
SAFE certification		___/___/20__	
Other		___/___/20__	
		___/___/20__	
		___/___/20__	

It is a good practice to carry a current version of your driver's abstract. To receive a FREE Driver's Abstract, call 1.800.950.1498, or go to your nearest Government Access Centre. There are two types of abstracts - Public (P) and National Safety Code (N) – if you are a commercial driver, make sure you ask for the N abstract.

Safe Work Procedures

This section relates to your specific type of work.

1. Safe work procedure sign off

2. Safe work practices – for all workers

3. Type of work

Equipment operator:

- Safe work procedures
- Safe driving procedures
- Equipment operators daily check (combines corrective action log)
- Vehicle pre-trip inspection and mileage log
- Radio frequency log

Log truck driver:

- Safe work procedures
- Radio frequency log
- The circle check
- CVSE integrated log

Faller:

- BC Faller Training Standard info flip
- Faller certification log book
- Safe driving procedures
- Daily man-check record
- Hazard assessment checklist
- Danger tree risk assessment guide
- 6 deadly sins
- Hand faller checklist
- Vehicle pre-trip inspection and mileage log
- Radio frequency log

Forest professional:

- Safe work procedures
- Safe driving procedures
- Forester and engineers daily check (combines corrective action log)
- Vehicle pre-trip inspection and mileage log
- Radio frequency log

☑ Audit Submission

Safe Work Procedures Sign Off

I am a (check all that apply ✓):

- ☐ Equipment operator
- ☐ Log truck driver
- ☐ Faller
- ☐ Forest professional
- ☐ Other _____

ACTION: Review safe work procedure for your specific type of work.

- This can be one of the safe work procedures provided in the SAFEty Log or another version that you have created or received from previous jobs.

I have read the safe work procedures that pertain to my work, understand its contents, and agree to follow as outlined.

Signed: _____

Print name: _____

Date: _____

SAFE WORK PRACTICES
ALL WORKERS

- You have right to refuse unsafe work.
- It is your responsibility to report any unsafe acts or hazardous conditions.
- Working while impaired by drugs, medication, alcohol, or fatigue is prohibited.
- Report all incidents and near misses to the person you report to.
- Ensure you are trained, qualified, and physically and mentally capable for the job you are doing. STOP and seek assistance if you are unsure.
- Wear and maintain all required personal protective equipment.

SAFE WORK PROCEDURES
EQUIPMENT OPERATORS

Safe work procedures included for:

- Feller buncher
- Processor
- Skidder (line)
- Skidder (grapple)
- Crawler machine
- Loader
- Yarder

ALWAYS REFERENCE MANUFACTURERS' RECOMMENDATIONS AND INSTRUCTIONS

SAFE WORK PROCEDURES
FELLER BUNCHER OPERATOR

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing protection
Substantial appropriate footwear
Hi-vis clothing

PROCEDURES:

- Inspect machine to ensure it is in safe operating condition before using.
- Wear seat-belts while operating machine.
- Keep doors closed so that guarding is effective when working.
- Ensure good housekeeping is maintained.
- Operate at a safe speed.
- Maintain at least two tree lengths from other work and equipment at all times while cutting.
- Exercise due caution while working on hillsides.
- Do not travel across a slope that is too steep for maintaining proper stability of the machine.
- Confine travel to up and down slope.
- When traveling across any slope, avoid running over logs, chunks, stumps, etc. which could cause the machine to become unstable.
- Review and follow the safe work procedures for operating machinery on steep slopes.
- Ensure the tracks are adequately caulked with ice lugs for winter operations.
- Ensure a man-check system is established. It is recommended feller buncher machines are equipped with 2-way radio.
- If at any time the machine becomes unstable, shut it down, and request assistance.
- Traffic control must be set up when falling trees within two tree lengths of roadways and other work area. The roadway must be positively blocked with signs in place unless traffic control persons are employed.
- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Do not try to fell trees which are larger than what the machine is designed for.
- Always enter and leave the machine in a safe manner. Use the handholds for stability; beware of the slipping hazards that exist, particularly in the winter.

SAFE WORK PROCEDURES
PROCESSOR OPERATOR

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing protection
Substantial appropriate footwear
Hi-vis clothing

PROCEDURES:

- Check to ensure machine is in safe operating condition before using.
- Ensure workers are clear of the hazardous areas.
- Ensure guarding is being maintained.
- Maintain good housekeeping.
- Operate at a safe speed.
- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Always enter and leave the machine in a safe manner. Use the handholds and beware of the slipping hazards that exist, particularly in the winter.
- Ensure a man-check system is set up while working alone.
- Ensure tracks are adequately caulked with ice lugs for winter operations.
- Wear the seat-belts when traveling.

SAFE WORK PROCEDURES
SKIDDER OPERATOR (LINE)

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing protection
Gloves
Suitable footwear
Hi-vis clothing

PROCEDURES:

- Check to ensure machine is in safe operating condition before using.
- Wear seat-belt when operating machine.
- Ensure good housekeeping to prevent slipping or tripping when entering or leaving machine. All fire extinguishers and other items must be secured in a safe location. Do not carry loose articles in the cab.
- Do not enter an active falling area. Stay a minimum of two tree lengths away. Do not skid trees past a faller or other active falling areas.
- Travel at a safe speed with or without a turn.
- Exercise caution when working on hillsides.
- Make sure chokers and main-line are in safe working condition.
- When winching, align the machine with the direction of the pull.
- Watch for whip action of logs being skidded.
- When entering the landing, make sure buckers and loaders are in clear view and you are given approval to enter.
- Lower the blade and set parking brake before leaving the machine.
- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Wear eye protection when cutting cables.

SKIDDNG ON SLOPES:

- Do not attempt to travel across a slope that is too steep for maintaining proper balance of the machine.
- Confine your travel to straight up and down slopes when steepness is a problem. Any slope greater than 35% shall not be traveled without specific safe work procedures in place. The procedures must be reviewed before operating on steep slopes.
- When traveling across any slope, avoiding running over chunks and stumps because of the increased possibility of upset.
- Keep turn winched up tight to apron or fairlead or to prevent turn from running into back of machine causing balance and directing problems.

- Release the turn when making a tight corner.
- When skidding on side cuts (trails) on steep ground, maintain safe distance from edge of cut in order to prevent sloughing of outer edge and rollover.
- Do not attempt to bulldoze trees that are hanging over or across skid trails on side cuts as they could snap and spring back into operator's cab.
- When setting a turn lower blade to ground (try to lower blade behind a stump) and set brakes to prevent runaway.
- Use tire chains for traction on steep ground and when slippery.
- Exercise care when using chains that chunks are not caught and flung up into the cab.
- When coming down steep slopes, make sure the corner of the blade does not hook a stump or rock, causing the machine to swing sideways and subsequently upset.
- Remember if you encounter any unsafe skidding situations in the course of your shift, inform your supervisor and alternate methods will be initiated.
- If at any time the machine becomes unstable, shut it down and request assistance.

MAINTENANCE/EXITING MACHINE:

- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Always enter and leave the machine in a safe manner. Use the hand holds for stability and beware of slipping hazards that exist, particularly in winter.

SAFE WORK PROCEDURES
SKIDDING OPERATOR (GRAPPLE)

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing protection
Gloves
Suitable footwear
Hi-vis clothing

PROCEDURES:

- Check to ensure machine is in safe operating condition before using.
- Wear seat-belts when operating machine.
- Ensure good housekeeping to prevent slipping or tripping when entering or leaving machine. All fire extinguishers and other items must be secured in a safe location. Do not carry loose articles in the cab.
- Do not enter an active falling area. Stay a minimum of two tree lengths away. Do not skid trees past a faller or other active falling areas.
- Travel at safe speed with or without a turn.
- Exercise caution when working on hillside slopes.
- Try to align machine straight with bundles when picking up a turn.
- Use caution when making turns when skidding bundles of trees.
- When entering the landing, make sure workers are in the clear and you are given approval to enter.
- Lower the blade and set the parking brake before leaving the machine.
- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Always enter and leave the machine in a safe manner. Use the handholds for stability and beware of slipping hazards that exist, particularly in winter.

SKIDDING ON SLOPES:

- Do not attempt to travel across a slope that is too steep for maintaining proper balance of the machine.
- Confine your travel to straight up and down slopes when steepness is a problem. Any slope greater than 35% shall not be traveled without specific safe work procedures in place. Specific safe work procedures must be established for different types of skidding machines. These procedures must be reviewed before operating on steep slopes.
- Avoid running over chunks and stumps because of increased potential for machine upset.
- Use caution when traveling on trails by maintaining a safe distance from the outer edge of the trail.

- Use tire chains for traction on steep ground and when slippery.
- Be aware of limbs and chunks that may catch in the chains.
- When traveling down steep slopes make sure the blade does not hook on a stump or rock, causing the machine to swing sideways and upset.
- If you encounter unsafe skidding conditions inform your supervisor and alternate methods will be initiated.
- If at any time the machine is unstable, shut it down and request assistance.

SAFE WORK PROCEDURES
CRAWLER MACHINE (SKIDDING AND TRAIL CONSTRUCTION)

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing protection
Gloves
Substantial footwear
Hi-vis clothing

PROCEDURES:

- Check to ensure machine is in safe operating condition before using.
- Wear seat-belt when operating the machine.
- Make sure good housekeeping is maintained. Ensure fire extinguishers and other items are securely fastened in a safe location. Do not carry loose items in the cab.
- Know the location of fellow workers, particularly when using a chokerman.
- When using a chokerman, make sure all verbal and WorkSafeBC approved hand signals are used and understood before moving machine or lines.
- Travel at a safe speed.
- Exercise caution when working on hillsides. Review and follow the written safe work procedures for operating on steep slopes.
- Make sure chokers and main line are in safe working condition.
- When winching, align the machine with the direction of the pull.
- Do not enter an active falling area, stay a minimum of two tree lengths away.
- Do not work in areas where there is a danger of pushing trees, rocks or other debris into an active work area.
- When pushing trees over, remove the tension out of the trees using the blade or winch so they may be bucked without danger of tree springing back.
- Build skid trails wide enough for skidder operation.
- Slope trails towards the inside bank, never outwards.
- Before leaving machine, lower the blade and set the parking brake.
- Remember, if you encounter difficulty, contact your supervisor.
- If the machine becomes unstable, shut it down and request assistance.
- Ensure tracks are equipped with ice lugs in winter.
- Follow the lock-out or de-energization procedures while conducting maintenance work on the machine.
- Always enter and leave the machine in a safe manner. Use the handholds for stability and beware of slipping hazards that exist particularly in winter.

SAFE WORK PROCEDURES
LOADER OPERATOR

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Gloves
Hearing protection
Suitable footwear
Hi-vis clothing

PROCEDURES:

- Check to ensure the machine is in safe operating condition before use.
- Wear seatbelt at all times when machine is operating.
- Ensure all workers are in the clear.
- Do not move logs overhead of workers on landing.
- Communicate either verbally or by hand signals.
- Spread logs for bucker, so they may be bucked in a safe manner.
- Organize landing, log decks, debris pile, and truck loading.
- Keep landing clear of bucked off ends and other debris.
- Operate at a safe speed.
- If logs are above the log truck stakes, restrain the load until wrappers have been applied.
- Follow lock-out or de-energization procedures while conducting maintenance work on the machine.
- Always enter and leave the machine in a safe manner. Use the handholds for stability and beware of slipping hazards that exist, particularly in winter.

LOG TRUCK LOADING

- All landing workers, including truck drivers, must be in view, in the clear or their whereabouts known before logs or equipment are moved.
- Logs must be decked in a manner to facilitate safe loading.
- Keep all buts or ends even.
- Turn logs that should be loaded butt ahead.
- Position log decks to eliminate extra maneuvering when loading.
- Have all logs bucked, limbed and stamped when required.
- The truck must always be positioned properly for before hooking up the trailer.
- Always use proper signals when directing truck movements.
- A distinctive signal to indicate that the load is finished should be used. Ensure all workers are in the clear.

- Lift trailers off with caution and ensure that the trailer lifting-strap has not deteriorated.
- Providing that the loader can easily handle the trailer, the lifting-strap should be properly positioned on the trailer. This will make it convenient for the driver to guide the reach and by the proper handholds, which should be provided on the reach.
- With some trucks, the compensator can also be moved to facilitate hookup.
- If the truck is to be backed onto the reach and coupled, the trailer lifting-strap can be repositioned slightly to permit the reach to lift off the ground before the trailer wheels are lifted.
- The person hooking up the trailer should always stand off to the side to enable the operator to see the reach and the hitch.

LOG TRUCK LOADING

- If the deck is beside the truck, logs shall not be picked up from it until the driver and/or other workers have finished their duties and have moved to the safe zone.
- Loading shall cease at any time that the loader operator is uncertain that the driver is in the cab or is in the clear in front of the truck.
- When approaching a truck with a grapple full of logs, avoid traveling with the grapple at full height. Keep the grapple low until near the truck, then raise the grapple. This will ensure better control of the loader at all times.
- Logs shall be loaded to ensure the stability of the vehicle and load while in transit.
- Logs shall be well positioned in their lay, without crowding, to avoid excessive strain on the stake-liner and stakes.
- To ensure stakes remain at a safe angle, logs shall be laid tight to minimize slack in the stake cables.
- Bunk and stake logs shall extend at least 12 inches (30cm) beyond the bunks or stakes.
- Logs shall be loaded clear of the bulkhead to avoid being bunk-bound on corners.
- When loading small diameter logs, two tiers should be used as bunk and stake logs before loading short logs onto the load.
- Never place split, cracked or shattered logs on the bunk or against the stakes.
- Not more than one third of the weight of the logs shall extend beyond the trailer or beyond the ends of the logs supporting them.

- Care should be taken to properly balance the load, especially on off-highway trucks. A side heavy load or a load with too much weight on the trailer could cause a truck to tip over or “spin-out” under wet or icy conditions.
- Workers are not permitted to stand on the cab platforms of trucks when loading by conventional methods. If this occurs, the loader operator shall cease loading until the worker is removed.
- Operators shall ensure that all workers are safely in the clear before initiating or continuing the motion of any mobile equipment.
- Although operators are responsible, it is also the responsibility of buckers and other workers to stay clear of any area considered to be hazardous due to the movement of such equipment.
- There must be a specific procedure for all equipment and vehicle operators, to allow safe movement through active log landings. Landing workers in charge of traffic control shall be thoroughly instructed in this procedure.
- Truck drivers must wear a hi-vis orange or red hard hat and a hi-vis clothing at all times when within the boundaries of the logging area.
- The truck driver must not move his load until the load has proper binders attached.

SAFE WORK PROCEDURES
CABLE YARDING
YARDER OPERATOR

PERSONAL PROTECTIVE EQUIPMENT: Hi-vis hard hat
Hearing Protection
Adequate Footwear
Hi-vis clothing

It is the responsibility of the Operator to report maintenance problems which could interfere with the safe operation of the machine. An Operator is expected to operate the machine in a safe, efficient manner at all times.

COMMUNICATION:

- Safe and efficient operation of a swing yarder demands maximum cooperation between the people involved.
- An authorized means of communication must be used.

SAFETY PRECAUTIONS:

- Ensure all personnel understand signals.
- Use proper signals at all times.
- Any signal that is not clearly understood shall be treated as a **STOP** signal and ask for a repeat. **IF IN DOUBT – STOP!**
- If there is a danger of signals not being understood, the operator shall repeat the signal before proceeding.
- Check radios daily at startup to ensure they are working properly.

MAINTENANCE:

- If the machine is kept clean, the maintenance check can be done properly to correct problems before they become a safety hazard.
- Follow lock-out or de-energization procedures while conducting maintenance work on the machine.

SAFETY PRECAUTIONS:

- Clean up oil spills to prevent slips and falls.
- Use solvent for cleaning, not gas or diesel.
- Keep guards in place.
- Shut down motor when refueling or doing maintenance work on motors or winch.
- Never use compressed air to clean your person or clothes.
- Report any maintenance problems to the shop as soon as possible and use proper forms.
- The cleaning, piling or adjusting of moving machinery is prohibited when contact with moving parts could injure a workman.

RIGGING – SAFETY PRECAUTIONS:

- Inspect boom lines weekly and replace as required.
- Inspect all other lines and rigging regularly and replace it as necessary.
- Slack lines and place the grapple on the ground before leaving the machine unattended.
- Guylines must be marked if they are a hazard to traffic.
- Use proper spooling tool when spooling line.

MOVING – SAFETY PRECAUTIONS:

- Ensure everyone is clear and accounted for before moving.
- Give the proper signal with the horn before moving.
- Ensure traction is adequate before moving on snow or ice; use sand or a snub line if required.
- When moving on steep grades with the rigging out, lower the boom to counteract the weight of the counter weight.
- When traveling up a steep grade, lower the boom to avoid the boom coming back.
- Keep drive chains behind when moving up a steep grade and ensure the travel brakes are adjusted.
- Ensure path of the machine is clear of logs and other obstacles.
- Use a signal man when moving the machine in congested or hazardous areas (i.e. narrow road).
- Do not move the yarder and tailhold back spar at the same time.

YARDING:

- At no time should the grapple be handled when attempting to pick up a log. If the grapple cannot be talked onto a log, move the machine or use a choker.

SAFETY PRECAUTIONS:

- The back end of all mobile grapple yarders shall be at least 2 feet clear of all obstacles. Ensure no workers board the machine without the Operator's permission.
- Make sure all crew members are in the clear before moving the turn.
- Be careful of jillpoking logs already in the landing.
- When necessary, take signals from the Chaser.
- Pile logs properly to avoid creating a hazard for loading crews.
- Extra care should be taken while yarding with a mobile tailhold back spar to avoid tipping it.

GENERAL
SAFETY PRECAUTIONS:

- Report incidents or accidents to your Supervisor/Foreman or First Aid Person as soon as possible.
- No unauthorized personnel to be on the machine when yarding or moving.

- Wear a hard hat and hi-vis clothing when outside the cab.
- Use personal protective equipment when required (i.e. hearing protection).
- Use safety goggles when cutting line.
- Watch footing on the machine to avoid slips and falls.

SAFE WORK PROCEDURES
DRIVING – General

PROCEDURES AND PRACTICES:

- Conduct a “pre-trip” vehicle check. Use a Vehicle Pre-trip Inspection and Mileage Log to track activity.
- Report deficiencies and do not use if equipment is in unsafe condition
- Drive defensively at all times.
- Ensure all vehicle occupants are wearing seatbelts. You are responsible for your passengers.
- Do not exceed posted speed limits.
- On resource roads do not exceed 80kph or posted speed limits
- Drive safely and drive to the existing road conditions. Lower speed as required. Be aware of:
    - Visibility reduced by dust, fog, rain and snow;
    - Narrow roads with over width vehicles;
    - Steep favorable and adverse gradients;
    - Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
    - Other users.
- Use vehicle for intended use only (purpose and weight limitations).
- Drive with vehicle lights on at all times.
- Secure all heavy or sharp objects in the cab of the vehicle.
- Respect that loaded logging trucks have the right of way on single lane roads.
- Do not tailgate other vehicles.
- Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
- Never chase a runaway vehicle.
- Stay on your side of the road.

RADIO USE:

- Complete radio check and ensure correct frequency prior to entering radio controlled area.
- Do not drive by the radio. Expect oncoming traffic at all times.
- Call your position according to the local radio protocol and signage.
- Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
- Do not use road radio channels for conversations, use only for road traffic protocols
- Other than traffic control, pull over and safely park when talking on the radio/cell phone for an extended period of time.

PARKING:

- Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
- Park facing the direction of exit with access for service/towing activities.
- Ensure the parking brake is on and the transmission is in 1st gear or park.
- On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.
- Never park on a curve especially on the outside curve of a road.
- When turning around, back into the cut bank of the road and not towards the outside bank.
- Use flares where required.

MY ADDITIONAL SWP NOTES

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

☑ Audit Submission

Radio Frequency Log

All trucks must have the frequencies listed below programmed in their radios. The road name and the approved road radio frequency will be posted at the beginning of every road. Contractors may use their own licensed frequencies for in-block loading and harvesting operations.

Frequency name	Frequency

☑ Audit Submission

Radio Frequency Log

All trucks must have the frequencies listed below programmed in their radios. The road name and the approved road radio frequency will be posted at the beginning of every road. Contractors may use their own licensed frequencies for in-block loading and harvesting operations.

Frequency name	Frequency

SAFE WORK PROCEDURES
LOGGING or LOWBED TRUCK DRIVER

PERSONAL PROTECTIVE EQUIPMENT: Steel toed footwear (CSA approved – green triangle symbol)
Hi-vis clothing
Hearing Protection
Approved safety glasses
PIREP in areas of avalanche potential

INSPECTION REQUIREMENTS:

- Complete daily pre-trip and post-trip requirements and forms for CVSE & NSC
    - Brakes, lights, horn, tires; trailers, air lines, connections, trailer securement
- Complete WorkSafeBC required checks
    - Bunks & stakes, stake cables; fire extinguisher, PPE
    - Binders, warning devices, bullboards
- Ensure the required government inspections of the vehicle are conducted and are current.

PROCEDURES (generic)
VEHICLE OPERATIONS:

- All logging trucks and lowbeds must be equipped with a two-way radio programmed with the correct frequencies posted for each particular haul.
- Drive with the headlights on at all times.
- Always wear your seatbelt – it's the law.
- Passengers are not allowed unless they have proper authorization.
- Operate the logging truck in a safe manner. Drive within the posted speed limits and/or within safe speeds determined by the conditions of the road; stay on the right side of the road as much as possible. Obey the rules of the road and radio calling procedures as laid out by road permit holder/road user group.
- Always get into the truck in a safe manner using three points of contact provided to prevent slipping and tripping.
- Wear the personal protective equipment required when getting out of the vehicle.
- Report any observed unsafe haul road conditions to your supervisor, the logging contractor or the sawmill personnel. (See Road Conditions Reporting Form).

- Where the use of chains is required, always adequately chain up the vehicle in a safe flat location before you encounter areas where vehicle traction is questionable.
- Do not stop trucks on haul roads, except at safe passing points. In case of breakdown, use flares/reflectors.

LOG LOADING:

- Ensure there is a safe area for loading.
- Always make sure your brakes area properly set before exiting the truck – don't use the handvalve.
- Follow the communication system established at the loading site with the loaderman. The driver and loaderman together must ensure that the load is built so logs are adequately contained and stable, and safely loaded within the bunks.
- Drivers of log trucks or other vehicles are ultimately responsible for how the truck is loaded. If something is not right, it is the driver who must have it corrected. Do not leave the loading area until the problem is corrected.
- Always wear required personal protective equipment when outside the vehicle.
- Use caution and communicate with the loaderman when coupling up the trailer unit.
- Do not climb on trailers unless absolutely necessary. At some sites this is grounds for dismissal.
- The location of the driver must be known by the loaderman at all times. Stay inside the truck cab or out in front of the unit while being loaded. Do not wrap front trailers while back trailers are still being loaded.
- Do not climb on top of the truck or the load. Branches must be trimmed from the logs before they are placed on the load. Logs with protruding branches placed on top of the load must be removed by the loader and branches trimmed at ground level.
- Communicate with the loaderman that the loading is complete and ready to install load wrapper. Where possible, have the loaderman install wrappers.
- Observe the area for hazards before installing wrappers i.e. moving equipment, debris, icy conditions etc.
- Ensure good footing while throwing wrappers over the load.
- All logs must be restrained according to the trailer configuration. Ensure firm grip on the cinch handle when closing the cinch.
- Give notice on proper radio channel that you are leaving the landing and ensure all workers are in the clear before pulling out.

MY WORK

HAULING:

- Obey all traffic control devices.
- Call location according to radio procedures for the haul.
- Obey “rules of the road” as set out by road permit holder/contractor.
- Do steep slope assessment with supervisor on slopes over 20%.
- Stop to check load and wrappers at the stamp hammer, and points along the way (before highway entry, road junctions, etc., or every 3hrs/240 km).

UNLOADING:

- Approach the unloading area in a safe manner. Watch for other workers and machinery which might be present.
- Wear required P.P.E. when outside the vehicle.
- Follow the safe unloading procedures established at the unloading site.
- Ensure good communication with the loaderman.
- The load must be restrained before wrappers are removed from the load.
- Remain in a safe location and in view of the loaderman while being unloaded. Usually the driver will remain in the cab of the truck or out in front of the truck.
- Ensure workers and machinery are in the clear before moving through the log yard.

LOWBED:

- Lowbeds with loads wider than 11’6” must have a radio-equipped pilot vehicle in front for moves over 5kms. Piloted lowbeds follow normal calling procedures.
- Lowbeds with loads wider than 11’6”, moving less than 5kms, call all empty and loaded kms.
- Lowbeds wider than 10’6” require flashing lights and flags.

MY ADDITIONAL SWP NOTES

☑ Audit Submission

Radio Frequency Log

All trucks must have the frequencies listed below programmed in their radios. The road name and the approved road radio frequency will be posted at the beginning of every road. Contractors may use their own licensed frequencies for in-block loading and harvesting operations.

Frequency name	Frequency

☑ Audit Submission

Radio Frequency Log

All trucks must have the frequencies listed below programmed in their radios. The road name and the approved road radio frequency will be posted at the beginning of every road. Contractors may use their own licensed frequencies for in-block loading and harvesting operations.

Frequency name	Frequency

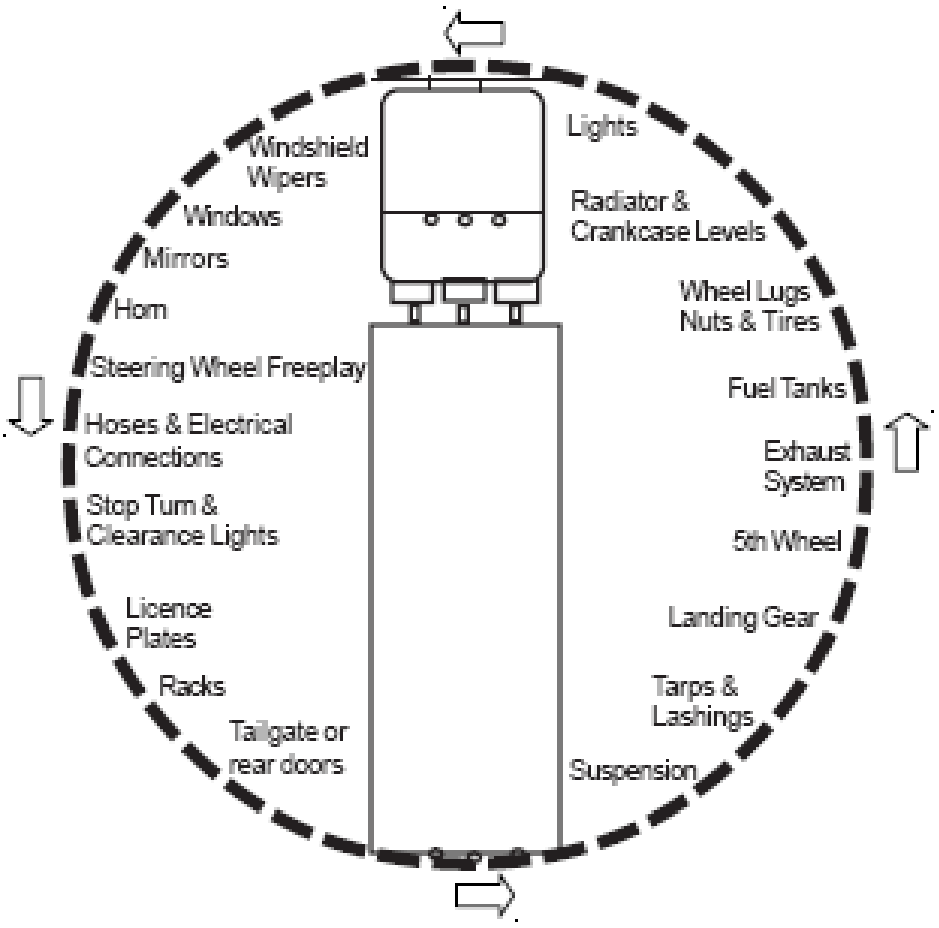
The Circle Check

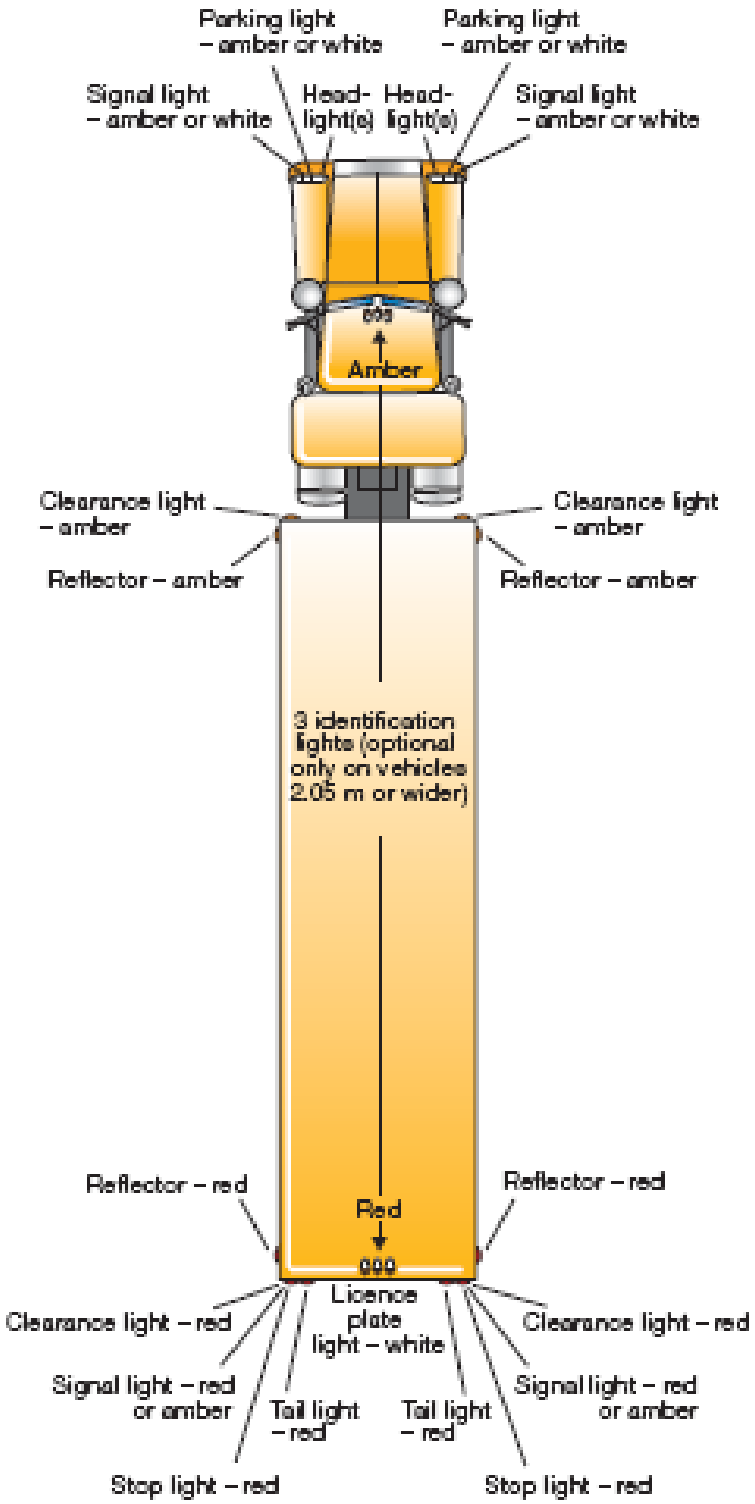
This drawing shows a general method of making a systematic circle check before taking out a truck at the beginning of a day's work. Details of the check can, of course, be varied according to the type of vehicle, but generally the principle of making a complete circle should be followed in all cases. Be particularly cautious when you are walking with your back to traffic.

Some of the points to look out for are given in the sample.

Before you begin:

- set the parking brakes
- shut off the engine
- block the wheels




Parking light – amber or white
Parking light – amber or white
Signal light – amber or white
Head-light(s)
Head-light(s)
Signal light – amber or white
Amber
Clearance light – amber
Clearance light – amber
Reflector – amber
Reflector – amber
3 identification lights (optional only on vehicles 2.05 m or wider)
Reflector – red
Reflector – red
Red
Licence plate light – white
Clearance light – red
Clearance light – red
Signal light – red or amber
Tail light – red
Tail light – red
Signal light – red or amber
Stop light – red
Stop light – red

ABOUT THE CVSE INTEGRATED LOG BOOK

- This template meets all the current content requirements for CVSE (Commercial Vehicle Drivers Hours of Service Regulations Section 82; Motor Vehicle Act Regulations, Section 37.18.02 and WorkSafeBC (Section 26.66(8))
- Drivers must have 14 days' worth of records in the truck, for inspection by CVSE, RCMP or WorkSafeBC officers. (Sec 37.18.04(a))
- The original log must be forwarded to the company office within 20 days.
- Companies must keep daily log records for a minimum of 6 months.
- Pre- and post- trip inspections are still required, and pre-trip inspection needs to be signed off by the driver.
- The Log Hauling Exemption does not allow reset or deferral of off-duty hours.(sec 37.15(3)(4))
- Logging truck hours exemption and regulations only apply if the driver is driving a commercial motor vehicle designed exclusively for the transportation of logs or poles (sec 37.15 (1))

INSTRUCTIONS FOR FILLING OUT THE GRID

A. for each duty status,
   (1) mark the beginning and time and the end time, and
   (2) draw a continuous line between the time markers.

B. Record the name of the municipality, or the location on the highway, or in a legal subdivision, and the name of the province, where the change in duty status occurs.

C. If a driver is making deliveries in a municipality that result in a number of periods of driving time being interrupted by a number of short periods of other on-duty time, the periods of driving time may be combined and the periods of other on-duty time maybe combined; and;

D. Enter on the right of the grid the total number of hours of each period of duty status, which must total 24 hours.

Under subsection 98(4) or paragraph 99(2)(a) of the Commercial Vehicle Drivers Hours of Service Regulations, the CVSE inspectors will provide drivers with a receipt upon inspection of the daily logs (Schedule 3). It will document the place, description of documents examined (including log books, load slips and other supporting documents), the date and locations, and will be signed by the inspector**.**

UPDATED MAY 9, 2008

Company**:** _____ Phone **#:**_____

Street: _____Town_____

Postal Code: _____

Supervisor: _____ Driver Name: _____

Date: _____ Start Time: _____ End Time: _____

Home Terminal**:** _____

Cycle 1 (7 Days) _____ Or Cycle 2 (14 days) _____

Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

Total KM'S Driven: _____Total Hours Driven: _____

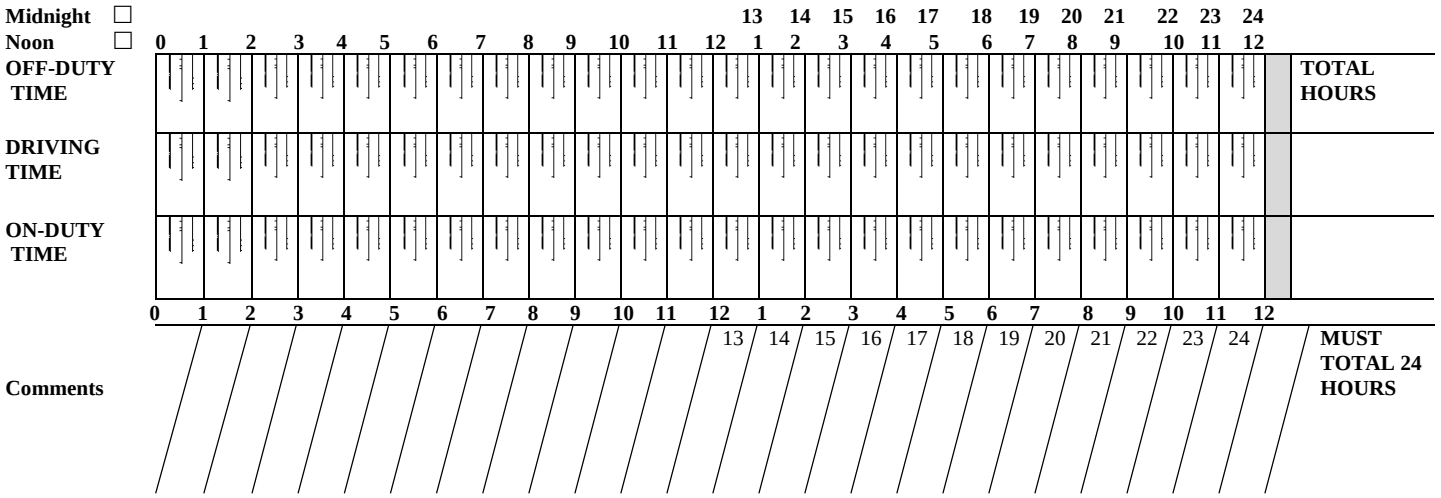
☐ In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____am _____pm Signature_____.

☐ **Defect(s) (as marked)** ☐ **Defect(s) Corrected** **Date** _____ **Mech. Signature**_____

☐ Air Compressor	☐ Doors/Compartment	☐ Mirrors
☐ Air Lines	☐ Drive Lines	☐ Mud Flaps
☐ Battery(s)	☐ Emergency Equipment	☐ Oil Pressures
☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
☐ Brakes, Adjustment	☐ Fuel System	☐ Suspension
☐ Brakes, Service System	☐ Fuel Tanks	☐ Steering Mechanism
☐ Brakes Parking System	☐ Heat/Defrost	☐ Transmission(s)
☐ Charging System	☐ Horns	☐ Wheels/Tires/Studs
☐ Clutch	☐ Lights/Reflectors	☐ Windows/Visibility
☐ Cooling System	☐ Load Security Devices	☐ W/Wipers/Washers
☐ Coupling Devices	☐ Lubrication System (s)	☐ Other

TRAILERS(S) NO(S) 1._____ 2._____

1	**2**		**1**	**2**		**1**	**2**	
☐	☐	Air Lines/Glad Hands	☐	☐	Doors/Compartments	☐	☐	Mud Flaps
☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
☐	☐	Coupling Devices	☐	☐	Load Security Devices	☐	☐	Other



Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

Company**:** _____ Phone **#:**_____

Street: _____Town_____

Postal Code: _____

Supervisor: _____ Driver Name: _____

Date: _____ Start Time: _____ End Time: _____

Home Terminal**:** _____

Cycle 1 (7 Days) _____ Or Cycle 2 (14 days) _____

Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

Total KM'S Driven: _____Total Hours Driven: _____

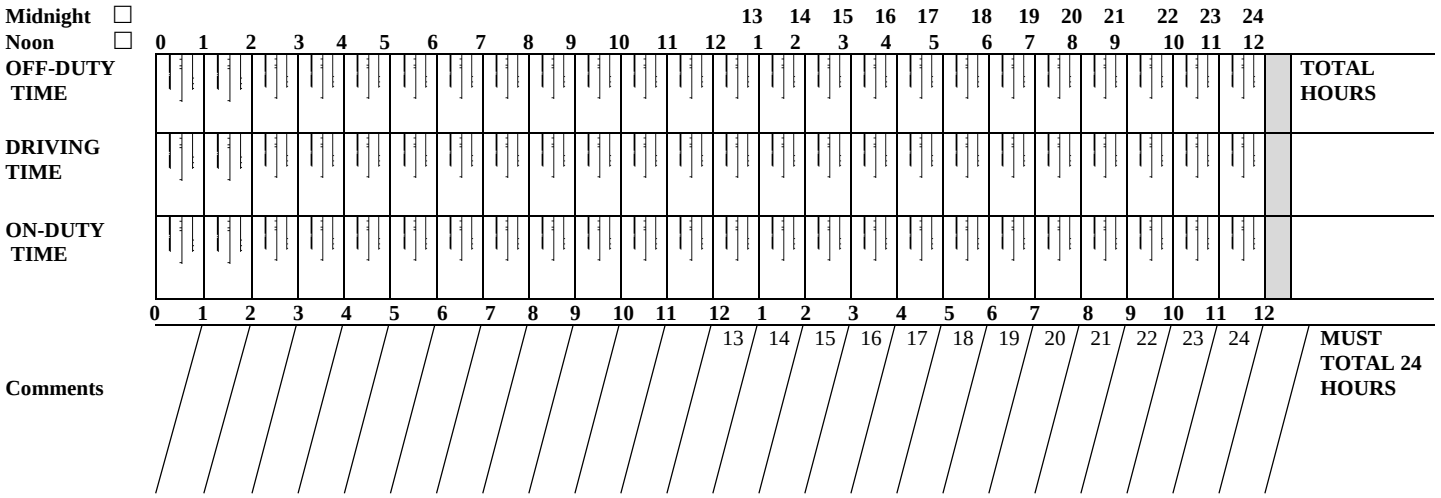
☐ In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____am _____pm Signature_____.

☐ **Defect(s) (as marked)** ☐ **Defect(s) Corrected** **Date** _____ **Mech. Signature**_____

☐ Air Compressor	☐ Doors/Compartment	☐ Mirrors
☐ Air Lines	☐ Drive Lines	☐ Mud Flaps
☐ Battery(s)	☐ Emergency Equipment	☐ Oil Pressures
☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
☐ Brakes, Adjustment	☐ Fuel System	☐ Suspension
☐ Brakes, Service System	☐ Fuel Tanks	☐ Steering Mechanism
☐ Brakes Parking System	☐ Heat/Defrost	☐ Transmission(s)
☐ Charging System	☐ Horns	☐ Wheels/Tires/Studs
☐ Clutch	☐ Lights/Reflectors	☐ Windows/Visibility
☐ Cooling System	☐ Load Security Devices	☐ W/Wipers/Washers
☐ Coupling Devices	☐ Lubrication System (s)	☐ Other

TRAILERS(S) NO(S) 1._____ 2._____

1	**2**		**1**	**2**		**1**	**2**	
☐	☐	Air Lines/Glad Hands	☐	☐	Doors/Compartments	☐	☐	Mud Flaps
☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
☐	☐	Coupling Devices	☐	☐	Load Security Devices	☐	☐	Other



Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

Company**:** _____ Phone **#:**_____

Street: _____Town_____

Postal Code: _____

Supervisor: _____ Driver Name: _____

Date: _____ Start Time: _____ End Time: _____

Home Terminal**:** _____

Cycle 1 (7 Days) _____ Or Cycle 2 (14 days) _____

Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

Total KM'S Driven: _____Total Hours Driven: _____

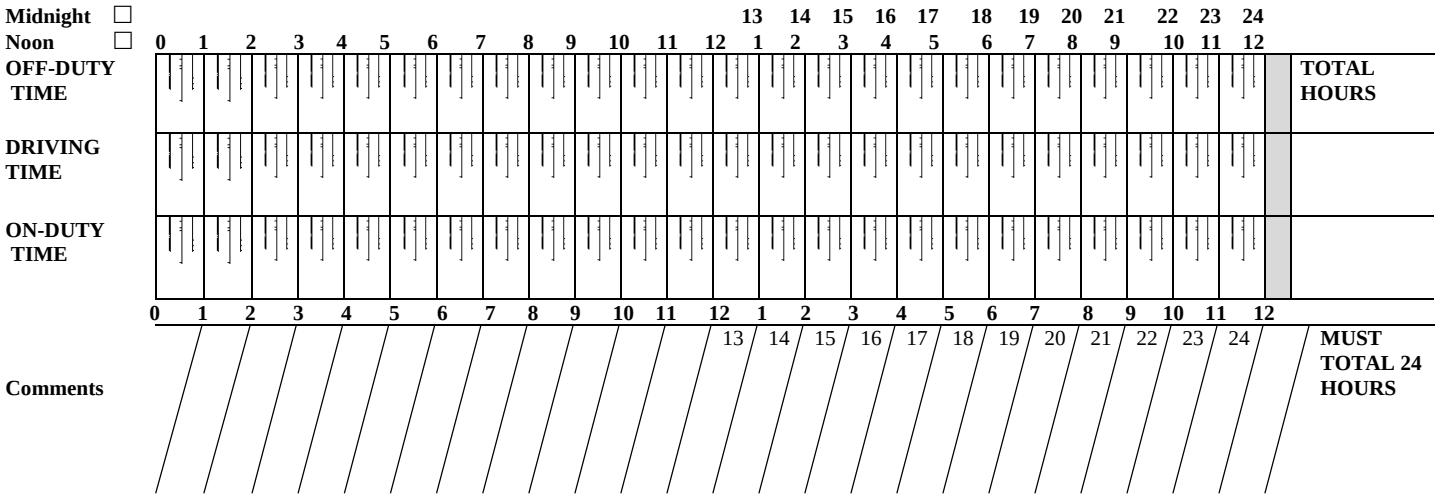
☐ In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____am _____pm Signature_____.

☐ **Defect(s) (as marked)** ☐ **Defect(s) Corrected** **Date** _____ **Mech. Signature**_____

☐ Air Compressor	☐ Doors/Compartment	☐ Mirrors
☐ Air Lines	☐ Drive Lines	☐ Mud Flaps
☐ Battery(s)	☐ Emergency Equipment	☐ Oil Pressures
☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
☐ Brakes, Adjustment	☐ Fuel System	☐ Suspension
☐ Brakes, Service System	☐ Fuel Tanks	☐ Steering Mechanism
☐ Brakes Parking System	☐ Heat/Defrost	☐ Transmission(s)
☐ Charging System	☐ Horns	☐ Wheels/Tires/Studs
☐ Clutch	☐ Lights/Reflectors	☐ Windows/Visibility
☐ Cooling System	☐ Load Security Devices	☐ W/Wipers/Washers
☐ Coupling Devices	☐ Lubrication System (s)	☐ Other

TRAILERS(S) NO(S) 1._____ 2._____

1	**2**		**1**	**2**		**1**	**2**	
☐	☐	Air Lines/Glad Hands	☐	☐	Doors/Compartments	☐	☐	Mud Flaps
☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
☐	☐	Coupling Devices	☐	☐	Load Security Devices	☐	☐	Other



Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

Company**:** _____ Phone **#:**_____

Street: _____Town_____

Postal Code: _____

Supervisor: _____ Driver Name: _____

Date: _____ Start Time: _____ End Time: _____

Home Terminal**:** _____

Cycle 1 (7 Days) _____ Or Cycle 2 (14 days) _____

Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

Total KM'S Driven: _____Total Hours Driven: _____

☐ In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____am _____pm Signature_____.

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☐ Air Lines	☐ Drive Lines	☐ Mud Flaps
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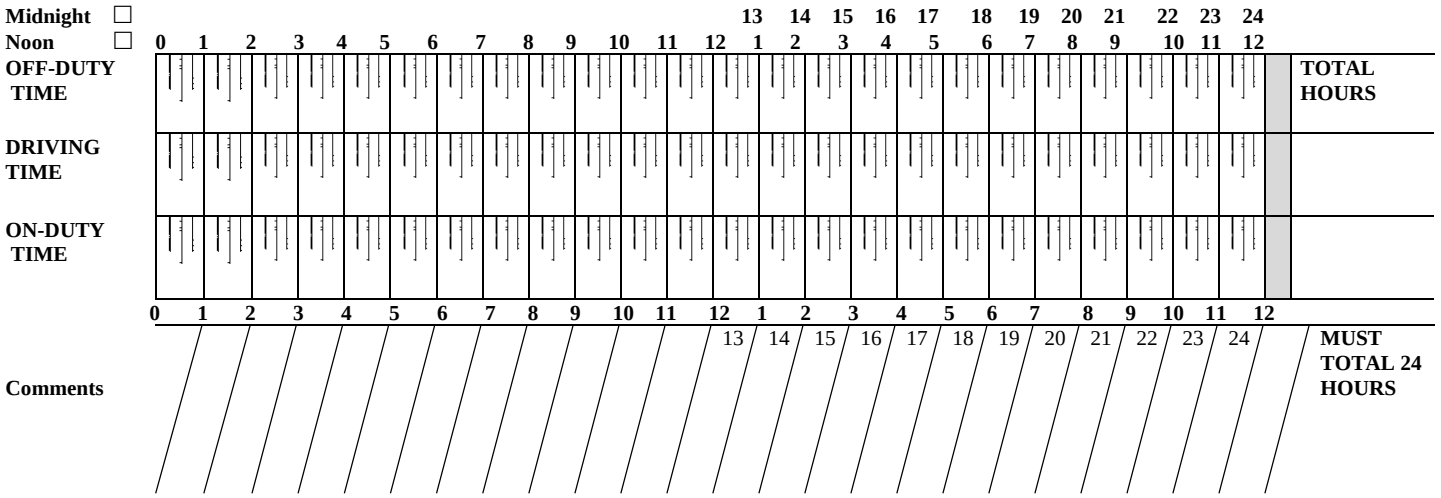
☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
☐ Brakes, Adjustment	☐ Fuel System	☐ Suspension
☐ Brakes, Service System	☐ Fuel Tanks	☐ Steering Mechanism
☐ Brakes Parking System	☐ Heat/Defrost	☐ Transmission(s)
☐ Charging System	☐ Horns	☐ Wheels/Tires/Studs
☐ Clutch	☐ Lights/Reflectors	☐ Windows/Visibility
☐ Cooling System	☐ Load Security Devices	☐ W/Wipers/Washers
☐ Coupling Devices	☐ Lubrication System (s)	☐ Other

TRAILERS(S) NO(S) 1._____ 2._____

1	**2**		**1**	**2**		**1**	**2**	
☐	☐	Air Lines/Glad Hands	☐	☐	Doors/Compartments	☐	☐	Mud Flaps
☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
☐	☐	Coupling Devices	☐	☐	Load Security Devices	☐	☐	Other



Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

Company**:** _____ Phone **#:**_____

Street: _____Town_____

Postal Code: _____

Supervisor: _____ Driver Name: _____

Date: _____ Start Time: _____ End Time: _____

Home Terminal**:** _____

Cycle 1 (7 Days) _____ Or Cycle 2 (14 days) _____

Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

Total KM'S Driven: _____Total Hours Driven: _____

☐ In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____am _____pm Signature_____.

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☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
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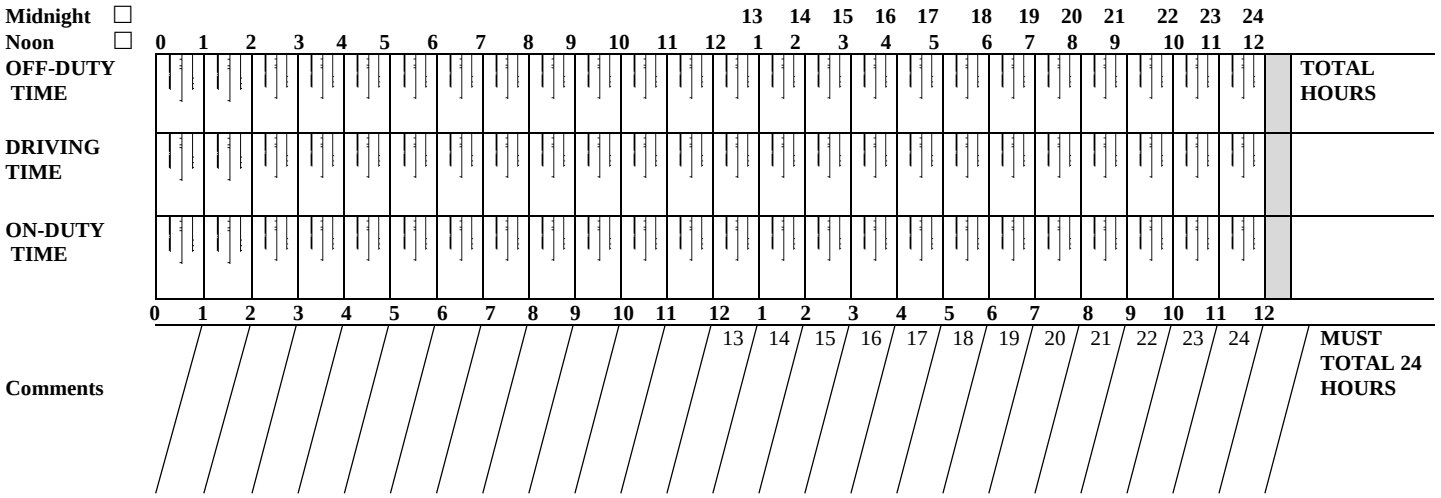
TRAILERS(S) NO(S) 1._____ 2._____

1	**2**		**1**	**2**		**1**	**2**	
☐	☐	Air Lines/Glad Hands	☐	☐	Doors/Compartments	☐	☐	Mud Flaps
☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
☐	☐	Coupling Devices	☐	☐	Load Security Devices	☐	☐	Other



Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

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Street: _____Town_____

Postal Code: _____

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Home Terminal**:** _____

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Operating Under Logging Truck Hours (Sec. 37.15.1): _____

Vehicle License Plate: _____ Unit #: _____

Personal Use: _____ Km Start: _____

Km End: _____

Total _____

Odometer Start: _____

End: _____

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☐ Battery(s)	☐ Emergency Equipment	☐ Oil Pressures
☐ Belts/Hoses	☐ Engine	☐ Recording Device(s)
☐ Body/Frame	☐ Exhaust System	☐ Seats
☐ Brakes, Adjustment	☐ Fuel System	☐ Suspension
☐ Brakes, Service System	☐ Fuel Tanks	☐ Steering Mechanism
☐ Brakes Parking System	☐ Heat/Defrost	☐ Transmission(s)
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TRAILERS(S) NO(S) 1._____ 2._____

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☐	☐	Body/Frame	☐	☐	Landing Gear	☐	☐	Suspension (s)
☐	☐	Brakes/Adjustment	☐	☐	Lights/Reflectors	☐	☐	Wheels/Tires/Studs
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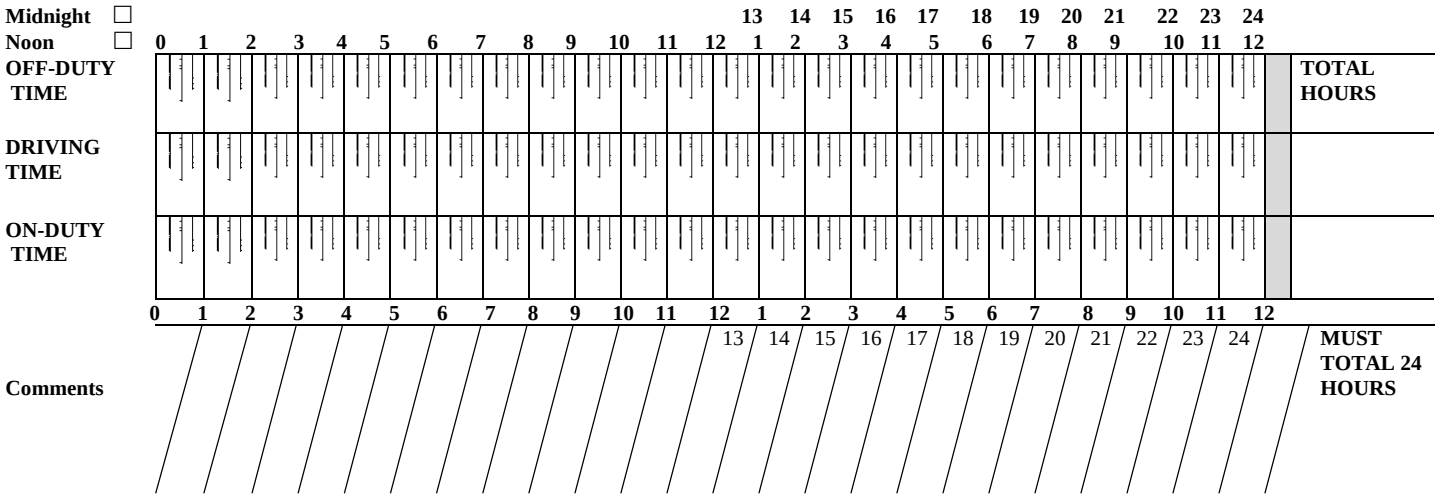

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Contractor: _____

Cycle Time _____ **Actual Time** _____

kms _____

Signature: _____ **Remarks** _____

UPDATED MAY 9, 2008

BC **Forest Safety** Council
Unsafe is Unacceptable

SAFE WORK PROCEDURES
FALLERS

- Insert your BC Faller Training Standard info flip
- Insert your Faller certification log book

MY ADDITIONAL SWP NOTES

SAFE WORK PROCEDURES
DRIVING – General

PROCEDURES AND PRACTICES:

- Conduct a “pre-trip” vehicle check. Use a Vehicle Pre-trip Inspection & Mileage Log to track activity.
- Report deficiencies and do not use if equipment is in unsafe condition.
- Drive defensively at all times.
- Ensure all vehicle occupants are wearing seatbelts. You are responsible for your passengers.
- Do not exceed posted speed limits.
- On resource roads do not exceed 80kph or posted speed limits.
- Drive safely and drive to the existing road conditions. Lower speed as required. Be aware of:
    - Visibility reduced by dust, fog, rain and snow;
    - Narrow roads with over width vehicles;
    - Steep favorable and adverse gradients;
    - Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
    - Other users.
- Use vehicle for intended use only (purpose and weight limitations).
- Drive with vehicle lights on at all times.
- Secure all heavy or sharp objects in the cab of the vehicle.
- Respect that loaded logging trucks have the right of way on single lane roads.
- Do not tailgate other vehicles.
- Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
- Never chase a runaway vehicle.
- Stay on your side of the road.

RADIO USE:

- Complete radio check and ensure correct frequency prior to entering radio controlled area.
- Do not drive by the radio. Expect oncoming traffic at all times.
- Call your position according to the local radio protocol and signage.
- Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
- Do not use road radio channels for conversations, use only for road traffic protocols
- Other than traffic control, pull over and safely park when talking on the radio/cell phone for an extended period of time.

PARKING:

- Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
- Park facing the direction of exit with access for service/towing activities.
- Ensure the parking brake is on and the transmission is in 1st gear or park.
- On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.
- Never park on a curve especially on the outside curve of a road.
- When turning around, back into the cut bank of the road and not towards the outside bank.
- Use flares where required.

Audit Submission

Daily Man Check Record

Regulation 26.23 (f) speaks about “ensuring a faller’s well-being.”
Regulation 4.21 (3) speaks about “the recording of man-checks.”

Date:_____
Location:_____

Worker’s Name	Visual and or Radio, who checked on who	Initials
Visitors		

Project name:_____

Supervisor: _____

Company name:_____

☑ Audit Submission

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Regulation 4.21 (3) speaks about “the recording of man-checks.”

Date:_____
Location:_____

Worker’s Name	Visual and or Radio, who checked on who	Initials
Visitors		

Project name:_____

Supervisor: _____

Company name:_____

☑ Audit Submission

Hazard Assessment Checklist

Purpose: By the end of this procedure, fallers should have completed a thorough site overview (hazard assessment) to identify hazards and any potentially dangerous situations prior to falling any trees.

Instructions/Conditions to Check:	Completed
1. **Walk** through the falling area to determine the predominant lean of the trees. Review **terrain** and **slope** for hazards: • Steep slope	
• Different species	
• Fire	
• Insects or beetles	
• Weather related: blowdown, snow, wind	
• Dangerous trees: • Any tree that is hazardous to worker because of location, lean, physical damage, overhead hazards, deterioration of limbs, stem or root system or a combination of these. Could also include hanging limbs, jackpot, or mechanical damage.	
• Difficult trees: Decide how they can be felled safely	
•	
•	

2. **Check** for **overhead** hazards: • Brushing	
• Hung up	
• Limb tied	
• Snag top	

3. **Check** for **ground** hazards: • Pulled up roots	
• Stumps	
• Blow-down	

4. **Check** for **other worksite** hazards: • Other workers – fallers, supervisors, logging equipment operators	
• Equipment and machinery	

Comments/Recommendations:

_____

_____

_____

_____

☑ Audit Submission

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Purpose: By the end of this procedure, fallers should have completed a thorough site overview (hazard assessment) to identify hazards and any potentially dangerous situations prior to falling any trees.

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2. **Walk** through the falling area to determine the predominant lean of the trees. Review **terrain** and **slope** for hazards: • Steep slope	
• Different species	
• Fire	
• Insects or beetles	
• Weather related: blowdown, snow, wind	
• Dangerous trees: • Any tree that is hazardous to worker because of location, lean, physical damage, overhead hazards, deterioration of limbs, stem or root system or a combination of these. Could also include hanging limbs, jackpot, or mechanical damage.	
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•	
•	

2. **Check** for **overhead** hazards: • Brushing	
• Hung up	
• Limb tied	
• Snag top	

3. **Check** for **ground** hazards: • Pulled up roots	
• Stumps	
• Blow-down	

5. **Check** for **other worksite** hazards: • Other workers – fallers, supervisors, logging equipment operators	
• Equipment and machinery	

Comments/Recommendations:

_____

_____

_____

_____

BC Forest Safety Council *Unsafe is Unacceptable*	Dangerous Tree Risk Assessment Guide Danger Tree Indicators	
Stem Assessment	**<30% Lean**	**1**
	>30% Lean	**2**
	Stable Bark	**1**
	Unstable Bark	**2**
	Stress Cracks	**2**
	Split Butt	**2**
	Split Stem	**2**
Canopy Assessment	**Free of Overhead Hazards**	**1**
	Overhead Hazards Present (Brushy top and limbs, hung up top and limbs)	**2**
	No escape from Overhead Hazards	**26**
	Limb Tied	**2**
Decay Factors	With sounding **base is determined to be solid**	**1**
	With sounding **base sounds hollow** – complete a vertical bore	**1**
	Vertical bore determines **Sufficient Shell Thickness** for holding wood	**2**
	White fungus (Pinicola Heart Rot)	**3**
	Vertical bore determines **Hollow and Advanced Decay** – base will not support stem if cut	**26**
Falling Factors	**Adequate Opening present** for falling dangerous tree	**1**
	Adequate Opening must be made for falling dangerous tree	**10**
	Marginal Opening is made or present for falling dangerous trees	**20**
	No Safe Opening can be made to fall dangerous tree	**26**
	Inadequate Escape (compromised, blocked, poor footing, hazards, time)	**26**
Height Influence	**3' – 10'**	**1**
	10' – 30'	**2**
	30'+	**3**

Rating and Recommended Actions	Score
Low **Strictly adhere to Safe Work Procedures**	**1-15**
Moderate **Get Qualified Assistance** Safe work procedures alternate methods to fall may be used	**16-25**
High **NO HAND FALLING** **Contact supervisor** Alternate falling method to be used. Modify falling plan.	**26+**

6 Deadly Sins

- Failing to progressively fall danger trees into open areas with the falling of other timber and before falling adjacent live trees. OH & S Regulation 26.26(1).

- Using the practice of “Domino Falling”. OH & S Regulation 26.24(6).

- Leaving cut-up trees and failing to mark such trees and notify the work place supervisor and workers whom may enter the affected area of the location of the cut-up trees. OH & S Regulation 26.25(2).

- Failing to take appropriate measures to control the fall of trees, which may include, not ensuring the undercut is complete and cleaned out, not leaving sufficient holding wood, carelessly cutting off the corners of holding wood, not ensuring that the back cut is placed higher than the undercut, failing to have wedging tools immediately available at the tree being felled, and the unnecessary brushing of timber. OH & S Regulation 26.24(5).

- Permitting workers, other than the faller and those permitted by the regulations, to be within two tree lengths of the tree being felled. OH&S 26.29 (1)(2)(3)

- Falling trees within the specified minimum distances from unguarded overhead energized high voltage electrical conductors without complying with the requirements of this regulation OH & S Regulations Part 19 Electrical Safety.

Hand Faller Checklist

Faller:	Bullbucker:	Company:	Date:
Location:	Block/Site:	Nearest Town:	Weather:

BC FALLER TRAINING STANDARD REQUIREMENTS (✓)	Yes	No	Comments
Proper clothing			
Hard hat (red or orange)			
Caulk boots			
Eye protection (screen, glasses)			
Hearing protection (muffs, earplugs)			
Gloves			
Whistle, two-way radio			
Hi-Vis apparel			
Rain clothes are Hi-Vis			
Leg protection *3600 minimum			
Proper saw size & bar length for job			
Axe(s), spare wedges, spare saw			
Axe in good shape/pinned			
Carrying files – ends covered			
Files in good condition			
Proper chain filing to manufacturer's recommendation			
Saw has full-wrap handlebars			
Proper saw maintenance			
Proper saw handling (two hands at all times)			
Good body positioning/MSI			
Gas and Oil containers nearby			
Working to weather conditions			
Escape routes established minimum 10' and to safe cover			
Several trees prepped			
Axe at tree, wedges set			
Uses proper wedging procedures & techniques			
Demonstrates directional control			
Uses saw sightlines			
Avoids brushing timber			
Avoids domino falling			
Procedures for pushing trees/limb tied			
Danger tree risk assessment conducted			
Danger trees felled progressively			
Danger trees felled into open areas			
Procedures for wedging snags			
Procedure for danger trees outside boundary			
Enough fuel to make the cut			
Upslope falling procedures			
Demonstrated ability to fall heavy leaner			
Demonstrated ability to fall short stubby snag			
Knows procedure for re-falling cut up tree			
Cuts all limbs flush to log			
Bucking cuts correct			
Avoids bucking below F & B			
Short log is left on dangerous roots			
STUMP PAGE 18-B is attached – A minimum of TEN stumps must be documented			
Faller's Signature	***Bullbucker's Signature:***		

Part 18 A – Demonstrate Falling Cuts

Objective: The Professional Faller uses safe work procedures when making falling cuts.

Items/Comments:	Marking Conditions
Undercuts & Backcuts *** Note**: If the faller determined that the tree had to be wedged the undercut depth should be ¼ of the tree diameter ***Note:** Timber 60 inches or more in diameter can have the heart wood cut out of the stem, but holding wood must be maintained on both corners of the stump to maintain control of the tree. ***Note:** Short stubbys can have an undercut up to 50% ***Note:** Reference Info Flips **Total stump points divided by the number of stumps assessed=mark awarded**	❑ **E** 15 Preferred undercut and backcut are straight & level and completed from high side. Preferred undercut selected for: wedging, timber type and terrain. Undercut is cleaned out and is the preferred percentage of tree diameter. The undercut opening is of the preferred ratio for the type of undercut selected. Holding wood and preferred anti-kickback step are maintained across the entire stump. (see table below) Also see *Note ❑ 14 Preferred undercut and back cut are straight & level and completed from high side. Undercut is 1/3 of the tree diameter and is angled to ensure that the opening is at least ½ the length of the top cut. Undercut is cleaned out. Holding wood is maintained across the entire stump. Also see *Note ❑ 13 Meets acceptable standard and depth of undercut is 1/3 tree diameter. Holding wood is maintained across the entire stump. Also see *Note ❑ **A** 12 **Acceptable standard:** Includes appropriate undercut and backcut are completed from high side, are slightly off level, depth of the undercut between 25% and 40% of the tree diameter. Undercut is cleaned out. The cuts forming the opening of the undercut are 1/3 to ½ the length of the top cut. Backcut is slightly above the undercut, slightly off level. Holding wood is preferably maintained across the entire stump but at minimum must be on both corners. Also see *Note ❑ 3 Undercut is off level, not cleaned out or corrected, too deep or too shallow over 40% or less than 25% of diameter opening is less than 1/3 the length of the top cut. Backcut is flush to undercut – no step. Excessive holding wood left on the low side of the stump. ❑ **U** 0 Unacceptable: Fails to meet the acceptable standard, undercut 50% or greater of the tree diameter, no undercut, dutchman, backcut is below undercut, holding wood is cut off. Tree splits or barber chairs and there is excessive slope from back-barring. **Anti-kickback Step Reference Guide in Relation to Stump Diameter** *75% of the anti-kickback step must be within the preferred height tolerances, as listed below:*

Humbolt, Swanson undercuts	**Preferred anti-kickback step**
Up to 36” (3’-0”) diameter	¾ - 1 inch height difference
48” (4’-0”) to 60” (5’-0”) diameter	1 ½ inch height difference
72” (6’-0”) to 84” (7’-0”) diameter	2 inch height difference
96” (8’-0”) to 108” (9’-0”) diameter	3 inch height difference
120” (10’-0”) to 144” (12’0”) diameter	4 inch height difference
156” (13’-0”) diameter and above	6 inch height difference
Conventional and Pie (frozen wood) undercuts	**Preferred anti-kickback step**
Up to 14” (1’-2”) diameter	¾ to 1 inch height difference
16” (1’-4”) to 36” (3’-0”) diameter	2 inch height difference
48” (4-0”) to 60” (5’-0”) diameter	3 inch height difference
72” (6’0”) to 84” (7’0”) diameter	4 inch height difference
96” (8’0”) to 108” (9’0”) diameter	6 inch height difference
120” (10’-0”) to 144” (12’0”) diameter	8 inch height difference
156” (13’-0”) diameter and above	12 inch height difference

Total marks (for part 18-A and 18-B): _____/15

MY WORK

Part 18 B – Demonstrate Falling Cuts

Total stump points divided by the number of stumps assessed equals final mark awarded

Stump #	Tree species	Ground slope %	Dia. inches	B/C inches	U/C inches	U/C depth %	U/C type	U/C opening	Backstep high side inches	Backstep low side inches	Score
1											/15
2											/15
3											/15
4											/15
5											/15
6											/15
7											/15
8											/15
9											/15
10											/15
11											/15
12											/15
13											/15
14											/15
15											/15

Total stump points divided by the number of stumps assessed equals final mark awarded	**TOTAL** (out of 15)	**/15**

Stump Comments:

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

9_____

10_____

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
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Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
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☑ Audit Submission

Radio Frequency Log

All trucks must have the frequencies listed below programmed in their radios. The road name and the approved road radio frequency will be posted at the beginning of every road. Contractors may use their own licensed frequencies for in-block loading and harvesting operations.

Frequency name	Frequency

☑ Audit Submission

Radio Frequency Log

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Frequency name	Frequency

SAFE WORK PROCEDURES
FOREST PROFESSIONAL

PERSONAL PROTECTIVE EQUIPMENT: Adequate footwear with good traction soles, caulk boots as required
Hi-vis hardhat
Eye protection
Personal first aid survival kit
Hi-vis clothing

PROCEDURES:

- You are responsible for your own personal safety; evaluate each situation for safety hazards independently.
- Follow all of your customer's specific safety procedures at all times.
- Conduct a shift/project risk assessment and consider safety before commencing work. Document these assessments in your Pre-Work Planning Log and Safety Meeting and Communication Log.

TRAINING:

- You must be qualified (trained or certified) to operate any of the vehicles or tools you are using for your work. These include pick-ups, all terrain vehicles, motor-cycles, boats, snow-mobiles etc.
- You must be properly trained and briefed as a passenger in any of the aircraft, watercraft or other transportation vehicles.
- As a forest professional, it is your professional responsibility to ensure the safety of the public other workers with respect to the work you do and the plans you prepare.

COMMUNICATION:

- Ensure your man-check arrangements are confirmed.
- Comply with any of your customer's local sign-out procedures and be aware of location specific emergency response procedures.
- Ensure that you are familiar with the operation and charging procedure of hand-held radios, cell phones and satellite phones.
- When working alone and outside the range of radio or cell phone communication, a satellite phone is recommended.

ENTERING ACTIVE AREAS:

- Know the general location of other crews at all times.
- Do not walk below a roadside with active construction, yarding or loading.
- When passing any machinery, get clearance from the operator.
- REMEMBER – No worker other than the faller may be within 2 tree lengths of any tree being felled.

FIXED WING AIRPLANE SAFETY:

GENERAL

- Fasten your seat belt upon entering the aircraft and leave it buckled until pilot has landed and signaled you to get out.
- Make yourself familiar with the safety equipment on the aircraft and how to use it.
- The pilot has the final say on flying, but if you feel it is unsafe, back out of the flight.
- The person sitting in the co-pilot seat should check the fuel gauges. If in doubt, ask the pilot.
- Make yourself aware of emergency exits and procedures for getting out of the plane.

CONFIRMATION OF FLIGHTS:

- Re-confirm all reservations on all flights for crew pick-up on same day.
- Ensure that someone in camp knows the destination and ETA of all flights on arrival back at camp.

CREW BOAT SAFETY:

GENERAL

- All operators will have the Boat Operators Course, or be checked out by a qualified individual, that includes being familiar with boat safety, navigation, adverse conditions and knowing all operating procedures. Remember that the operator is responsible for the boat.
- Wear a life jacket or floater coat when operating small craft.
- Know the capabilities of the boat and don't run in any adverse conditions.
- Check the weather forecast before heading out.
- Familiarize yourself with the safety equipment on board the craft.
- When operating larger craft, familiarize yourself with the VHF radio. Remember the calling and distress channel on VHF is CHANNEL 16 (A license is required to operate the VHF radio.)
- When operating a boat one should be familiar with safe boat handling procedures and charts, or better yet, take a boating course.
- Point out any exposed rocks and shoals to your crewmembers.
- Always make sure someone knows your destination and your ETA back to the dock. (Preferably the cook in camp). Provide a phone list to someone in charge while in unfamiliar camps.
- When traveling along shoreline where road construction is in progress, make arrangements with the Blaster when it is safe to pass by.
- Your boat is an essential part of your safety equipment.
- Make sure the boat is properly anchored with a Scope3-1. Do not tie to shore.
- If necessary, have someone drop you off and pick you up.
- Crew boats will be equipped as per Coast Guard regulations at all times.

HELICOPTER SAFETY:

- Fasten seat belt when entering helicopter and leave it buckled until pilot signals you to get out.
- Approach or leave helicopter on the down slope side to avoid main rotor.
- Approach and leave in the pilots' field of vision. (To avoid the tail rotor). **Remember that rotors can kill!** Do not walk towards the rear of the helicopter.
- Carry tools horizontally, below waist level (never upright or over shoulder).
- Hold onto your hard hat when approaching or leaving the machine, unless chinstraps are used.
- Do not touch bubble (tempting though it may be) or any of the moving parts when helicopter is parked (tail rotor linkage, etc.)
- Make sure there are no loose articles at the helipad, which can be sucked into rotor blades.
- It is every crewman's responsibility to watch out for the new guy who is unfamiliar with helicopters.
- If helicopter is equipped with inflatable skids, do not step on them.
- When assisting pilot in landing, do not give instructions that require confirmation.
- Keep cooking fires well clear of helipad.
- Read the booklet **"Be alert and live around the helicopter".** Regular briefings on working around a helicopter area are a good idea for all crewmembers. If available review video **"Wind, Noise and Haste".**
- Make yourself familiar with the safety equipment on the helicopter and how to use it.
- The pilot has the final say on flying, but if you feel it is unsafe, back out of the flight.
- If possible, store axe in luggage compartment.
- Perform radio check with helicopter after being dropped off.
- Ensure that any pressurized cans (i.e. paint, pepper spray) are stored in the cargo hold of the aircraft. Pepper spray must be transported in a Pelican Case.

SAFETY AROUND HELICOPTERS

APPROACHING OR LEAVING A HELICOPTER

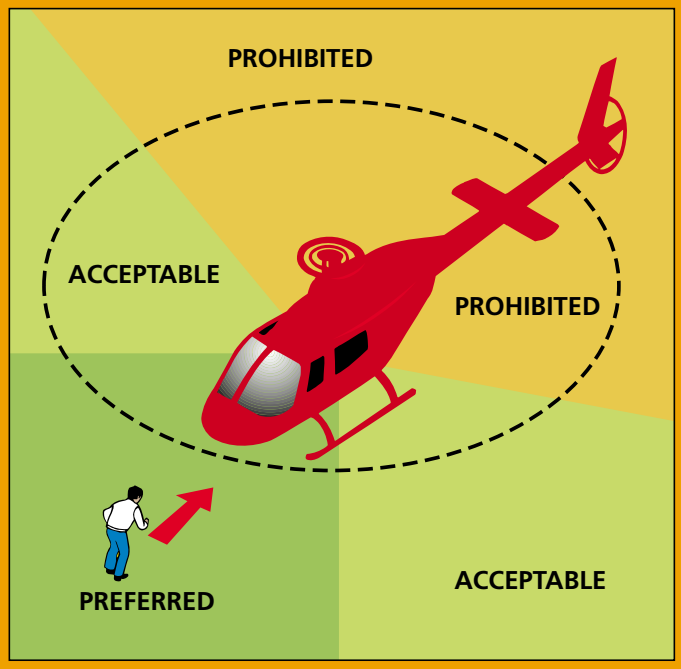
Do not approach or leave without the pilot's visual knowledgement. Keep in pilot's field of vision **at all times**. **Observe Helicopter Safety Zones** *(see diagram right)*

On sloping ground always approach or leave on the downslope side for maximum rotor clearance.

If blinded by swirling dust or grit, STOP – crouch lower, or sit down and await assistance.

If disembarking while helicopter is at the hover, get out and off in a smooth unhurried manner.

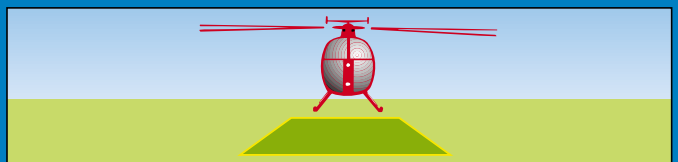
Do not approach or leave a helicopter when the engine and rotors are running down or starting up.



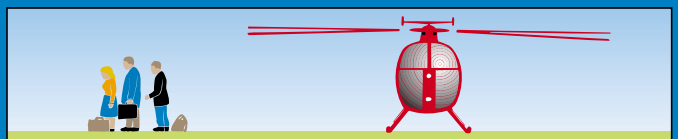
Proceed in a crouching manner for extra rotor clearance. Hold onto hat unless chin straps are used. Never, never, reach up or chase after a hat or other articles that blow away.

Carry tools, etc, horizontally below waist level – never upright or on the shoulder.

LANDING, TAKE-OFF AND LOADING OPERATIONS

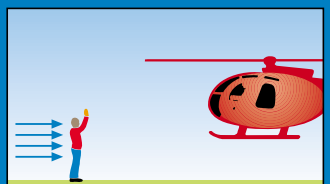


Keep helipad clear of loose articles – water-bags, ground-sheets, tins, etc. Secure other gear from effects of rotor wash.



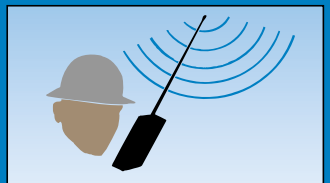
When transporting personnel, loading staff should ensure that:

- Passengers are briefed as above
- They are grouped together and well back at side of landing zone
- They face away from helicopter during take-off and landing
- Each person looks after their own gear
- They are paired off and ready to board in turn as soon as the pilot gives the signal

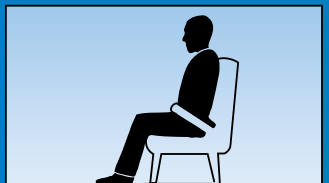


When directing pilot for landing, stand with back to wind and arms upraised.

After hooking up cargo sling, move forward and to the side to signal pilot. Ensure sling is not across skid. Never ride on sling.



When directing pilot by radio, remember that he or she may be too busy to give an acknowledgment.



Fasten and adjust seat belt on entering helicopter and leave it fastened until pilot signals to get out.

Safety Education & Publishing Unit, Civil Aviation Authority of New Zealand. July 2002

SAFE WORK PROCEDURES
DRIVING – GENERAL

PROCEDURES AND PRACTICES:

- Conduct a “pre-trip” vehicle check. Use a Vehicle Pre-trip Inspection Mileage Log to track activity.
- Report deficiencies and do not use if equipment is in unsafe condition.
- Drive defensively at all times.
- Ensure all vehicle occupants are wearing seatbelts. You are responsible for your passengers.
- Do not exceed posted speed limits.
- On resource roads do not exceed 80kph or posted speed limits.
- Drive safely and drive to the existing road conditions. Lower speed as required. Be aware of:
    - Visibility reduced by dust, fog, rain and snow;
    - Narrow roads with over width vehicles;
    - Steep favorable and adverse gradients;
    - Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
    - Other users.
- Use vehicle for intended use only (purpose and weight limitations).
- Drive with vehicle lights on at all times.
- Secure all heavy or sharp objects in the cab of the vehicle.
- Respect that loaded logging trucks have the right of way on single lane roads.
- Do not tailgate other vehicles.
- Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
- Never chase a runaway vehicle.
- Stay on your side of the road.

RADIO USE:

- Complete radio check and ensure correct frequency prior to entering radio controlled area.
- Do not drive by the radio. Expect oncoming traffic at all times.
- Call your position according to the local radio protocol and signage.
- Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
- Do not use road radio channels for conversations, use only for road traffic protocols
- Other than traffic control, pull over and safely park when talking on the radio/cell phone for an extended period of time.

PARKING:

- Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
- Park facing the direction of exit with access for service/towing activities.
- Ensure the parking brake is on and the transmission is in 1st gear or park.
- On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.
- Never park on a curve especially on the outside curve of a road.
- When turning around, back into the cut bank of the road and not towards the outside bank.
- Use flares where required.

MY ADDITIONAL SWP NOTES

MY WORK

☑ Audit Submission

Vehicle Pre-trip Inspection and Mileage Log

Name: _____

Vehicle: _____

Pre-Trip Inspection		
Brakes	**Fluids**	Tire - pressure
Lights	Antifreeze	Tire-spare
Wipers	Oil	First aid kit
Engine Belts	Transmission	Flashlight
Heater	Brake	Flares
Defroster	Power steering	
Battery	Windshield	

Date	Pre-trip (✓)	Description	From	To	Odometer		Mileage
					Start	Finish	

MY WORK

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Name: _____

Vehicle: _____

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Frequency name	Frequency

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Frequency name	Frequency

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Pre-work Planning Log

Pre-work planning should be completed at the start of every job/new haul (truckers).

Date	Working For	Items Reviewed
	Name: **Supervisor:** (who passed on the instructions and/or pre-work) **Phone #:**	☐ Work plan reviewed ☐ Site hazard assessment complete ☐ Controls in place ☐ Coordination of work site complete ☐ ERP shared ☐ First Aid ☐ Supervisor ID'ed ☐ Pre-work documents included ☐ EMS training (if required) ☐ Orientations for loading destination (**truckers only)**
	Contractor Sign off: **X** (I have reviewed the pre-work planning with the contractor) **If by phone, name_____date:___/___/20___; time:_____**	
Notes: (e.g.- who is prime contractor, lat/long, supervisor phone #, radio channels)		

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Date	Working For	Items Reviewed
	Name: **Supervisor:** (who passed on the instructions and/or pre-work) **Phone #:**	☐ Work plan reviewed ☐ Site hazard assessment complete ☐ Controls in place ☐ Coordination of work site complete ☐ ERP shared ☐ First Aid ☐ Supervisor ID'ed ☐ Pre-work documents included ☐ EMS training (if required) ☐ Orientations for loading destination (**truckers only)**
	Contractor Sign off: **X** (I have reviewed the pre-work planning with the contractor) **If by phone, name_____date:___/___/20____; time:_____**	
Notes: (e.g.- who is prime contractor, long/lat, supervisor phone #, radio channels)		

☑ Audit Submission

Pre-Work Planning Log

Pre-work planning should be completed at the start of every job/new haul (truckers).

Date	Working For	Items Reviewed
	Name: **Supervisor:** (who passed on the instructions and/or pre-work) **Phone #:**	☐ Work plan reviewed ☐ Site hazard assessment complete ☐ Controls in place ☐ Coordination of work site complete ☐ ERP shared ☐ First Aid ☐ Supervisor ID'ed ☐ Pre-work documents included ☐ EMS training (if required) ☐ Orientations for loading destination (**truckers only)**
	Contractor Sign off: **X** (I have reviewed the pre-work planning with the contractor) **If by phone, name_____date:___/___/20____; time:_____**	
Notes: (e.g.- who is prime contractor, long/lat, supervisor phone #, radio channels)		

Date	Working For	Items Reviewed
	Name: **Supervisor:** (who passed on the instructions and/or pre-work) **Phone #:**	☐ Work plan reviewed ☐ Site hazard assessment complete ☐ Controls in place ☐ Coordination of work site complete ☐ ERP shared ☐ First Aid ☐ Supervisor ID'ed ☐ Pre-work documents included ☐ EMS training (if required) ☐ Orientations for loading destination (**truckers only)**
	Contractor Sign off: **X** (I have reviewed the pre-work planning with the contractor) **If by phone, name_____date:___/___/20____; time:_____**	
Notes: (e.g.- who is prime contractor, long/lat, supervisor phone #, radio channels)		

Equipment Maintenance Log

Before any maintenance is performed on your equipment, ensure proper LOCK OUT.

LOCK OUT Procedures

1. Identify machine or equipment that needs to be locked out.

2. Shut off the machinery or equipment. Make sure that all moving parts have come to a complete stop. Also ensure that the act of shutting off the equipment does not pose a hazard to other workers.

3. Identify and de-activate the main energy-isolating device for each energy source.

4. Apply a personal lock to the energy-activating device for each energy source and ensure that all parts and attachments are secured against inadvertent movement.

5. Test the lock out to make sure that it is effective and to verify that each energy source has been effectively locked out. First ensure that all workers are in the clear and that no hazard will be created if the lock out is not effective. Lock out can be tested after each energy-isolating device is locked out or after a group of energy-isolating devices have been locked out.

☑ Audit Submission

Equipment Maintenance Log

Complete a maintenance log for all pieces of equipment (machines, vehicles, and tools) that you use.

Equipment:			
Manufacture's required service interval (hrs or mileage):			
Date	**Mileage or hours**	**Work completed**	**By who?**

☐ Equipment user manual is in machine if applicable

Make sure the **User Manual** is in the machine

☑ Audit Submission

Equipment Maintenance Log

Complete a maintenance log for all pieces of equipment (machines, vehicles, tools) that you use.

Equipment :			
Manufacturer's required service interval (hrs or mileage):			
Date	**Mileage or hours**	**Work completed**	**By who?**

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Date	**Mileage or hours**	**Work completed**	**By who?**

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Equipment Maintenance Log

Complete a maintenance log for all pieces of equipment (machines, vehicles, tools) that you use.

Equipment:			
Manufacturer's required service interval (hrs or mileage):			
Date	**Mileage or hours**	**Work completed**	**By who?**

☐ Equipment user manual is in machine if applicable

Make sure the **User Manual** is in the machine

☑ Audit Submission

Forest Safety Accord

I have read the attached **Forest Safety Accord** and understand its contents. I support the general commitment made by this Accord, and will do my part to ensure that my actions make a difference to the safety performance of the BC forest sector.

Signed: _____

Print name: _____

Date: _____

THE FOREST SAFETY ACCORD

Our Key Beliefs

- We believe that all fatalities and injuries are preventable.
- We believe in a culture where the health and safety of all workers is an over-riding priority.
- We believe that excellence in health and safety is important to our long-term success.

Shared Responsibility

- We are collectively and individually responsible for the safety of all workers and all worksites.
- Individuals must assume responsibility for their own safety and the safety of co-workers by following all safety rules, procedures and practices; by refusing to perform unsafe work; and by taking collective responsibility for the unsafe conduct of others.
- Tenure holders, licencees and prime contractors must take a leadership role in ensuring worker health and safety and assuring accountability for safety on the worksite.

Recognition of Safety Performance and Practices

- The commitment to health and safety is to all workers, not just direct employees. When engaging contractors, sub-contractors and others to provide services, the selection process and administration of contracts will include recognition and support of good safety performance and practices.
- Employers will recognize and support the safety performance of their employees.
- All owners of forested lands, tenure holders and licencees will give weight to the safety record and current practices of companies in the awarding of contracts and in the determination of fees and levies.

Commitment to Training and Supervision

- We understand the importance of workers being fully prepared for the work they do and the provision of competent supervisors who will insist on and enforce safe work practices. All workers on the worksite must be competent and fully trained and certified for the work they are performing.

Legislation

- It is understood that the regulatory environment of the Forest Industry can have profound impacts on safety. Accordingly, government ministries and agencies must take into account the importance of health and safety when developing, reviewing and drafting applicable areas of law and regulation.

Continual Improvement

- We are committed to the on-going improvement of our practices and support efforts to develop and implement new methods, procedures and technologies that have the potential to improve safety.

BC **Forest Safety** Council
Unsafe is Unacceptable

☑ Audit Submission

Safety Meeting Log

Safety meetings with the contractors you work with keeps you up to date on the hazards of the work site and other safety related information.

A safety meeting can be anything from a phone call, or a tailgate meeting, to an organized meeting with many other workers.

Date	Meeting with
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	

Best Practice

List important safety items discussed.

If meeting notes are received, include in the binder behind this log.

☑ Audit Submission

Safety Meeting Log

Date	Meeting with
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	

☑ Audit Submission

Safety Meeting Log

Date	Meeting with
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	

☑ Audit Submission

Safety Meeting Log

Date	Meeting with
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Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
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Safety Meeting Log

Date	Meeting with
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Items discussed:	
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Items discussed:	
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Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	

☑ Audit Submission

Safety Meeting Log

Date	Meeting with
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
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Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	
	☐ Contractor/subcontractor ☐ Client ☐ Prime Contractor
Items discussed:	

☑ Audit Submission

Safety Alert Log

The following is a record of all safety alerts received and read.

Best Practice

As you receive Safety Alerts, include in the binder behind this log.

Date Received	Description	Included

Safety alerts help you stay aware of hazards in the woods and information on keeping yourself and those around you safe.

Safety alerts from the sector are posted at:

BC Forest Safety Council - http://www.bcforestsafe.org on main page
WorkSafeBC - http://www2.worksafebc.com/publications/HazardAlerts.asp

☑ Audit Submission

Safety Alert Log

The following is a record of all safety alerts received and read.

Date Received	Description	Included

☑ Audit Submission

Safety Alert Log

The following is a record of all safety alerts received and read.

Date Received	Description	Included

☑ Audit Submission

Safety Alert Log

The following is a record of all safety alerts received and read.

Date Received	Description	Included

Injury and Incident / Close Call Reporting

All injuries on a worksite must be reported and recorded. When an injury happens:

- ☐ Fill out a Form 6/7 for a medical injury
- ☐ Submit to:
  - WorkSafeBC (if you are registered with WorkSafeBC)
  - The employer you are working for
  - Keep a copy for yourself

Incidents and close calls on your worksite should also be reported and recorded. When an incident or close call happens:

- ☐ Fill out an incident / close call report form
- ☐ Submit to:
  - The employer you are working for
  - Keep a copy for yourself

Road conditions are an issue for everyone. If you come across unsafe road conditions:

- ☐ Fill out a road conditions report
- ☐ Submit to:
  - The road permit holder, prime contractor, or MOFR
  - Keep a copy for yourself

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

INDEPENDENT OPERATOR'S APPLICATION FOR COMPENSATION AND REPORT OF INJURY OR OCCUPATIONAL DISEASE

As an employer, the *Workers Compensation Act* requires you to submit this report **within three days** of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Clearly PRINT details, sign the form, and submit it by **FAX** or **MAIL**.

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC claim number *(if known)*

Contact information

Employer's name *(as registered with WorkSafeBC)*			
Type of business		Do you have an account with WorkSafeBC (POP)? Yes ❒ No ❒	WorkSafeBC account number
Classification unit number		Operating location number	
Last name	First name		Middle initial
Preferred first name	Weight	Height	Gender M ❒ F ❒
Address line 1		Address line 2	
City	Province/state	Country *(if not Canada)*	Postal code/zip
Employer phone number *(please include area code)*	Extension	Home phone number *(please include area code)*	
Employer contact fax *(please include area code)*		Employer payroll contact fax *(please include area code)*	
Date of birth *(yyyy-mm-dd)* - -	Personal health number *(from BC CareCard)*		Social insurance number

1. Do you need an interpreter? Yes ❒ No ❒	2. Preferred language
3. Dominant hand Left ❒ Right ❒	4. Occupation

Incident information

5. Date and time of incident *(yyyy-mm-dd)* a.m. ❒ p.m. ❒ **OR**	6. Period of exposure resulting in occupational disease *(yyyy-mm-dd)* From To
7. Describe how the incident happened	8. Describe the injury in detail *(what part of the body was injured)*
	9. Side of body injured Left ❒ Right ❒ Both ❒ Not applicable ❒
10. Describe the work incident location *(address, city, province)* and where incident occurred *(e.g. shop floor, lunchroom, parking lot)*	
11. Did the injury(ies) or exposure result from a specific incident? Yes ❒ No ❒	

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

Independent Operator's Application for Compensation and Report of Injury or Occupational Disease *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number *(if known)*

Social insurance number	Personal health number from BC CareCard

Incident information *(continued)*

12. Contributing factors — select AT LEAST ONE, and as many as applicable

Lifting	☐ _____ lb ☐ kg ☐	Struck	☐	Animal bite	☐
Overexertion	☐	Crush	☐	Assault	☐
Repetitive *(activity repeated over and over again)*	☐	Sharp edge	☐	Motor vehicle accident	☐
Slip or trip	☐	Fire or explosion	☐	Unsure/other *(please explain below)*	☐
Twist	☐	Harmful substance in the work environment	☐		
Fall	☐				

13. Were there any witnesses? Yes ☐ No ☐	14. Did the incident occur in British Columbia? Yes ☐ No ☐
15. Were your actions at time of injury for your business? Yes ☐ No ☐	16. Did the incident occur on employer's premises or an authorized worksite? Yes ☐ No ☐
17. Did the incident occur during your normal shift? Yes ☐ No ☐	18. Were you performing your regular work duties at the time of the incident? Yes ☐ No ☐
19. Did you receive first aid? Yes ☐ No ☐ Date *(yyyy-mm-dd)*	If yes, please provide first aid attendant name *(if known)*
20. Did you go to hospital, clinic, or visit a physician or qualified practitioner? Yes ☐ No ☐ Date *(yyyy-mm-dd)*	If yes, please provide provider name *(if known)*
If yes, please provide provider address *(if known)*	
21. Prior to this incident, did you have any recent pain or disability in the area of your injury? Yes ☐ No ☐	

Wage information

22. Did you miss work beyond the date of injury or exposure? Yes ☐ No ☐

If NO WORK WAS MISSED and NO CHANGE to duties/pay, proceed to bottom of last page to sign, date, and submit this report. If WORK WAS MISSED or if duties/pay have been MODIFIED, please answer ALL questions on this form.

23. Provide the base salary amount for this employment position at the time of injury $ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐

24. Do you receive other amounts of compensation in addition to **base salary**? Yes ☐ No ☐ Do you receive vacation pay on every cheque? Yes ☐ No ☐ If yes, vacation pay _____% Please select check boxes for any of the following amounts you receive in addition to **base salary** AND provide the amount: Tips and gratuities ☐ $ _____ Room and board ☐ $ _____ Shift differential ☐ $ _____ Other ☐ $ _____ Overtime ☐ $ _____	25. If you are disabled from work, will you continue to receive: **Base salary**? Yes ☐ No ☐ Other amounts of compensation in addition to **base salary**? Yes ☐ No ☐ Will you continue to receive vacation pay on every cheque? Yes ☐ No ☐ If yes, vacation pay _____% Please select check boxes for any of the following amounts you will continue to receive in addition to **base salary** AND provide the amount: Tips and gratuities ☐ $ _____ Room and board ☐ $ _____ Shift differential ☐ $ _____ Other ☐ $ _____ Overtime ☐ $ _____

26. Provide your **gross** earnings for the past 3 months or 12 weeks prior to the date of injury or exposure
$ 3 months ☐ 12 weeks ☐

27. Do you work a fixed-shift rotation? Yes ☐ No ☐

28. If no, please explain

29. If yes, show your normal work week by entering the paid hours

Sun	Mon	Tue	Wed	Thu	Fri	Sat

30. Did you continue to work past day of injury? Yes ☐ No ☐	31. Last day worked *(yyyy-mm-dd)*	
32. Number of hours you were scheduled to work on last day worked	33. Number of hours you worked on last day worked	34. Number of hours paid by your employer on last day worked

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

Independent Operator's Application for Compensation and Report of Injury or Occupational Disease *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number *(if known)*

Social insurance number	Personal health number from BC CareCard

Return-to-work information

35. Have you returned to work? Yes ❒ No ❒	36. If **YES**: Date you returned to work *(yyyy-mm-dd)* Since the return to work, has there been any change to your work duties or will there be any change to your hours of work, your work schedule, or your rate of pay? Yes ❒ No ❒
37. If **NO**: Does your employer have any **modified** or **transitional** duties available? Yes ❒ No ❒ Have the modified or transitional duties been offered to you? Yes ❒ No ❒	38. If yes, please describe modified or transitional duties

Signature and report date

PLEASE READ CAREFULLY:
I declare all the information I have given on this report is true and correct, and I elect to claim compensation for the above-mentioned injuries or disease. I understand it is a serious offence to knowingly make a false claim or to work and earn income while receiving workers' compensation benefits without advising WorkSafeBC (the Workers' Compensation Board). I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

39. Worker signature	40. Date of report *(yyyy-mm-dd)*

For personal assistance, please call our Claims Call Centre at 604 231-8888 or toll-free within BC at 1 888 967-5377.

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims. They have offices throughout the province and can be contacted at **www.labour.gov.bc.ca/wab/** or by telephone: Richmond 604 713-0360, toll-free 1 800 663-4261; Victoria 250 952-4393, toll-free 1 800 661-4066; Kelowna 250 717-2096, toll-fee 1 866 881-1188.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

INDEPENDENT OPERATOR'S APPLICATION FOR COMPENSATION AND REPORT OF INJURY OR OCCUPATIONAL DISEASE

As an employer, the *Workers Compensation Act* requires you to submit this report **within three days** of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Clearly PRINT details, sign the form, and submit it by **FAX** or **MAIL**.

CLAIMS CALL CENTRE
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M–F, 8:00 a.m. to 4:30 p.m.

FAX
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MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC claim number *(if known)*

Contact information

Employer's name *(as registered with WorkSafeBC)*			
Type of business		Do you have an account with WorkSafeBC (POP)? Yes ❒ No ❒	WorkSafeBC account number
Classification unit number		Operating location number	
Last name	First name		Middle initial
Preferred first name	Weight	Height	Gender M ❒ F ❒
Address line 1		Address line 2	
City	Province/state	Country *(if not Canada)*	Postal code/zip
Employer phone number *(please include area code)*	Extension	Home phone number *(please include area code)*	
Employer contact fax *(please include area code)*		Employer payroll contact fax *(please include area code)*	
Date of birth *(yyyy-mm-dd)* - -	Personal health number *(from BC CareCard)*		Social insurance number

1. Do you need an interpreter? Yes ❒ No ❒	2. Preferred language
3. Dominant hand Left ❒ Right ❒	4. Occupation

Incident information

5. Date and time of incident *(yyyy-mm-dd)* a.m. ❒ p.m. ❒ **OR**	6. Period of exposure resulting in occupational disease *(yyyy-mm-dd)* From To
7. Describe how the incident happened	8. Describe the injury in detail *(what part of the body was injured)*
	9. Side of body injured Left ❒ Right ❒ Both ❒ Not applicable ❒
10. Describe the work incident location *(address, city, province)* and where incident occurred *(e.g. shop floor, lunchroom, parking lot)*	
11. Did the injury(ies) or exposure result from a specific incident? Yes ❒ No ❒	

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

Independent Operator's Application for Compensation and Report of Injury or Occupational Disease *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number *(if known)*

Social insurance number	Personal health number from BC CareCard

Incident information *(continued)*

12. Contributing factors — select AT LEAST ONE, and as many as applicable

Lifting	☐ _____ lb ☐ kg ☐	Struck	☐	Animal bite	☐
Overexertion	☐	Crush	☐	Assault	☐
Repetitive *(activity repeated over and over again)*	☐	Sharp edge	☐	Motor vehicle accident	☐
Slip or trip	☐	Fire or explosion	☐	Unsure/other *(please explain below)*	☐
Twist	☐	Harmful substance in the work environment	☐		
Fall	☐				

13. Were there any witnesses? Yes ☐ No ☐	14. Did the incident occur in British Columbia? Yes ☐ No ☐
15. Were your actions at time of injury for your business? Yes ☐ No ☐	16. Did the incident occur on employer's premises or an authorized worksite? Yes ☐ No ☐
17. Did the incident occur during your normal shift? Yes ☐ No ☐	18. Were you performing your regular work duties at the time of the incident? Yes ☐ No ☐
19. Did you receive first aid? Yes ☐ No ☐ Date *(yyyy-mm-dd)*	If yes, please provide first aid attendant name *(if known)*
20. Did you go to hospital, clinic, or visit a physician or qualified practitioner? Yes ☐ No ☐ Date *(yyyy-mm-dd)*	If yes, please provide provider name *(if known)*
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Wage information

22. Did you miss work beyond the date of injury or exposure? Yes ☐ No ☐

If NO WORK WAS MISSED and NO CHANGE to duties/pay, proceed to bottom of last page to sign, date, and submit this report. If WORK WAS MISSED or if duties/pay have been MODIFIED, please answer ALL questions on this form.

23. Provide the base salary amount for this employment position at the time of injury $ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐

24. Do you receive other amounts of compensation in addition to **base salary**? Yes ☐ No ☐ Do you receive vacation pay on every cheque? Yes ☐ No ☐ If yes, vacation pay _____% Please select check boxes for any of the following amounts you receive in addition to **base salary** AND provide the amount: Tips and gratuities ☐ $ _____ Room and board ☐ $ _____ Shift differential ☐ $ _____ Other ☐ $ _____ Overtime ☐ $ _____	25. If you are disabled from work, will you continue to receive: **Base salary**? Yes ☐ No ☐ Other amounts of compensation in addition to **base salary**? Yes ☐ No ☐ Will you continue to receive vacation pay on every cheque? Yes ☐ No ☐ If yes, vacation pay _____% Please select check boxes for any of the following amounts you will continue to receive in addition to **base salary** AND provide the amount: Tips and gratuities ☐ $ _____ Room and board ☐ $ _____ Shift differential ☐ $ _____ Other ☐ $ _____ Overtime ☐ $ _____

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27. Do you work a fixed-shift rotation? Yes ☐ No ☐

28. If no, please explain

29. If yes, show your normal work week by entering the paid hours

Sun	Mon	Tue	Wed	Thu	Fri	Sat

30. Did you continue to work past day of injury? Yes ☐ No ☐	31. Last day worked *(yyyy-mm-dd)*	
32. Number of hours you were scheduled to work on last day worked	33. Number of hours you worked on last day worked	34. Number of hours paid by your employer on last day worked

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

Independent Operator's Application for Compensation and Report of Injury or Occupational Disease *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number *(if known)*

Social insurance number	Personal health number from BC CareCard

Return-to-work information

35. Have you returned to work? Yes ❒ No ❒	36. If **YES**: Date you returned to work *(yyyy-mm-dd)* Since the return to work, has there been any change to your work duties or will there be any change to your hours of work, your work schedule, or your rate of pay? Yes ❒ No ❒
37. If **NO**: Does your employer have any **modified** or **transitional** duties available? Yes ❒ No ❒ Have the modified or transitional duties been offered to you? Yes ❒ No ❒	38. If yes, please describe modified or transitional duties

Signature and report date

PLEASE READ CAREFULLY:
I declare all the information I have given on this report is true and correct, and I elect to claim compensation for the above-mentioned injuries or disease. I understand it is a serious offence to knowingly make a false claim or to work and earn income while receiving workers' compensation benefits without advising WorkSafeBC (the Workers' Compensation Board). I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

39. Worker signature	40. Date of report *(yyyy-mm-dd)*

For personal assistance, please call our Claims Call Centre at 604 231-8888 or toll-free within BC at 1 888 967-5377.

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims. They have offices throughout the province and can be contacted at **www.labour.gov.bc.ca/wab/** or by telephone: Richmond 604 713-0360, toll-free 1 800 663-4261; Victoria 250 952-4393, toll-free 1 800 661-4066; Kelowna 250 717-2096, toll-fee 1 866 881-1188.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

☑ Audit Submission

Incident / Close Call Reporting Form

Date of incident:		Company:	
Date reported:		Location:	
Reported by:		Type of job:	

Describe incident / close call (draw diagram on other side if helpful)	☑	Category
Notes:		close call
		bodily injury/illness
		lost time
		dangerous goods spill
		fire
		vehicle incident / damage
		ATV incident / damage
		other equipment damage
		other (describe)
		other (describe)
Names/contact info of any individual or witnesses involved in incident / close call:		
If first aid was rendered, name of attendant:		

Describe immediate and root cause of incident / close call:		Immediate cause(s) ☑		Root cause(s) ☑
Notes:		failure to follow safe work procedures		inadequate work planning, engineering, design
		improper use of equipment/tools/lockout		inadequate polices, procedures
		failure to warn or instruct		inadequate communications
		body motions – pushing, pulling repetition		inadequate supervision
		improper use of PPE		inadequate risk/hazard assessment
		inadequate awareness of surroundings		mental, physical stress/fatigue
		poor housekeeping		inadequate maintenance/inspections
		worksite conditions – weather congestion, layout, (circle)		inadequate physical abilities
		other		other

Describe corrective action(s) to be undertaken:	
Person responsible for corrective action:	
Date action to be completed by:	
Person responsible to sign here when completed:	
Date when action was completed:	

Report and actions reviewed by

Notes:	Date:	
	Name:	
	Signature:	
	Position:	

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO

☑ Audit Submission

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Report and actions reviewed by

Notes:

Date:	
Name:	
Signature:	
Position:	

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO

☑ Audit Submission

Road Conditions Report

Please describe the road or unsafe conditions you wish to report, and what can be done to prevent or eliminate the situation. Complete and submit to the road permit holder on the site.

Identification

Road name		Reported by	
Nearest km		Date	
Reported to		Severity	

Road Condition

Grade ☐ Steep Adverse/Grade ☐ Unsatisfactory traction ☐ Crown/Lean ☐ Shoulder ☐ Erosion ☐ Other _____	Road Surface ☐ Sign Missing/Damaged/Not Visible ☐ Standing water/Ruts >6” ☐ Washboard/Pothole/Rock ☐ Protruding Limb/ Danger Tree ☐ Narrow ☐ Turnout Clear/Needed ☐ Other _____
Corner/Switchback ☐ Inadequate Turning Radius ☐ Grade too steep ☐ Slope/Lean ☐ Traction	Bridge/Culvert/Ditch ☐ Plugged/Damaged ☐ Drainage Problem ☐ Bridge Surface/Railing Damaged ☐ Other _____
Block/Landing ☐ Unsafe Deck ☐ Turnaround ☐ Hump ☐ Other _____	Other

Additional comments:

_____

_____

_____

How can the problem be prevented or eliminated?

_____

_____

_____

☑ Audit Submission

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Additional comments:

_____

_____

_____

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_____

_____

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Additional comments:

_____

_____

_____

How can the problem be prevented or eliminated?

_____

_____

_____

MY NOTES

Corrective Action Log (CAL)

When a problem is identified, record the required corrective action – what is the problem, what needs to be done to fix it, and when it should be completed by.

Identified problem	Required action to fix / by when	Completed by/ date
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__

MY NOTES

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	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__
	___/___/20__	___/___/20__

Submitting your SAFEty Log for SAFE Companies Certification

4 easy steps…….to SAFE certification

The following pages provide the steps required to become a SAFE certified individual owner operator.

Step 1. Complete the audit submission checklist on the next page.

Step 2. Complete your contractor list in this section.

Step 3. Collect supporting records on your safety activities

- ERP documentation
- Travel plan
- Training and certification log with copies of certificates
- Safe work procedure sign off
- Records related to your type of work
    - Daily work activity forms, radio frequency log, vehicle pre-trip inspection and mileage log
- Pre-work planning log
- Equipment maintenance log
- Forest Safety Accord sign off
- Safety meeting log
- Safety alert log
- Incident / close call reports (if applicable)
- Road conditions reports (if applicable)

Step 4. Mail audit submission to the BC Forest Safety Council

Please mail it to:

BC Forest Safety Council
Attention: SAFE Companies
#103, 65 Front St
Nanaimo, BC V9R 5H9

When received, your company's name will be listed on our website as having an audit submitted. Your audit will be reviewed and the Council will be in contact with you.

Audit Submission Checklist (Step 1)

General Information:

Legal name of company		
Owner's name		
Address		
City/town, postal code		
Phone #		
Fax #		
Email		
Years in operation (optional)		
Type of business		

Insurance Information:

WorkSafeBC #:	Classification Unit (CU) (6 digit id#)
I don't have a WCB # and I have other insurance: ☐ WSBC POP (personal optional protection) ☐ Private insurance provider	

Period of SAFEty Log Activities:

Start: ____/____/20___ To: ____/____/20___

Record Submission List

All workers (✓ if attached)

	Emergency response plans (ERP)		Forest Safety Accord sign-off
	Travel plan		Safety meeting log
	Training and certification log w/ copies		Safety alert log
	Safe work procedure sign off		Incident / close call report (if applicable)
	Radio frequency log		Road conditions report (if applicable)
	Pre-work planning log		Contractor list
	Equipment maintenance log		

Equipment operator (✓ if attached)

	Equipment operator daily check form		Vehicle pre-trip inspection & mileage log

Log truck driver (✓ if attached)

	CVSE integrated log		

Audit Submission

Audit Submission Checklist (Step 1)

Faller (✓ if attached)

	Copies of Faller log book		Daily man-check records
	Site hazard assessment		Vehicle pre-trip inspection & mileage log

Forest professional (✓ if attached)

	Forest professional daily check form		Vehicle pre-trip inspection & mileage log

Training

I attended the SAFE Companies' IOO SAFETY course or Small Employer OH&S training course on: ____/____/____

Signature

I submit the attached for individual owner operator (IOO) SAFE certification

Name X _____

Date: _____

☑ Audit Submission

Contractor List (Step 2)

Legal name of company		
Owner's name		
Address		
City/town, Postal Code		
Phone Number		

How many contractors/licencees/clients did you work for in the past year?

1 - 2	3-5	6-10	11-15	>16

List 3-4 references of contractors or licencees that you have done business with during the last year. These contractors may be contacted by the Council to discuss your safety activities.

Contractor name and supervisor	Contact information	Time frame of work	Type of work
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	
	Address: City/town: Phone:	Month: Year:	

Collecting Safety Activity Records (Step 3)

- **Copy** the pages of your SAFEty Log that have the ☑ (Audit Submission) on the corner. Attach these copies with your Audit Submission Checklist (step 1). Please ensure that you have at least **3 months** of records to support your safety activities. This is required to achieve SAFE Companies certification.

- Include a representative sample of records. For example:
  - Records for activities that occur on a daily basis: provide 2, 1-week 'periods' during your operations, 1 'period' in the beginning and 1 at the end
    - E.g. truckers - CVSE log; operators - daily activity check
  - Records for activities that occur on a regular basis (not daily): provide a minimum of 2 records per operating month (if applicable)
    - E.g. travel plan

- If you have other records that support your safety activities, attach copies with your completed audit submission checklist. For example:

You could replace…	with these kinds of records that demonstrate
☑Travel plan	out of town man-check procedures
☑Safe work procedure sign off	commitment to use safe work procedures
☑Radio frequency log	tracking of radio frequencies
☑Pre-work planning log	receipt of pre-work information from the contractor
☑Equipment maintenance log	maintenance activities
☑Safety meeting log	attendance at safety meetings (copies)
☑Incident / close call report	reporting of incidents
☑Vehicle pre-trip inspection/ mileage log	daily vehicle pre-trip inspection completed
☑Equipment operator's daily check	daily inspection of machine/worksite completed
☑Fallers hazard assessment	site hazard assessment of falling area completed
☑Forest professional's daily check	daily inspection of vehicle/worksite completed

- Keep your SAFEty Log active even after you have submitted your records to the Council for certification – you will need this for next year.